

2022 Formulary

Priority Health Medicare

List of covered drugs

Please read:

This document contains information about the drugs we cover in this plan.

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This formulary was approved on 11/22/2022. For more recent information or other questions, please contact Priority Health Medicare toll-free at 888.389.6648 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week, or visit prioritymedicare.com.

Note to existing members:

This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Priority Health. When it refers to “plan” or “our plan,” it means Priority Health Medicare.

This document includes a list of the drugs (formulary) for our plan which is current as of December 1, 2022. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2023, and from time to time during the year.

What is the Priority Health Medicare Formulary?

A formulary is a list of covered drugs selected by Priority Health Medicare in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Priority Health Medicare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Priority Health Medicare network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you

will also include information on how to request an exception, and you can also find information in the section below entitled "*How do I request an exception to the Priority Health Medicare Formulary?*"

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "*How do I request an exception to the Priority Health Medicare Formulary?*"

Changes that will not affect you if you are currently taking the drug: Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of December 1, 2022. To get updated information about the drugs covered by Priority Health Medicare, please contact us. Our contact information appears on the front and back cover pages. If there are significant changes to the formulary, you may receive a letter in the mail outlining those changes.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

1. Medical Condition

The formulary begins on page 9. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents." If you know what your drug is used for, look for the category name in the list that begins on page 9. Then look under the category name for your drug.

2. Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on the page following the Drug List. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Priority Health Medicare covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Priority Health Medicare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Priority Health Medicare before you fill your prescriptions. If you don't get approval, Priority Health Medicare may not cover the drug.
- **Quantity Limits:** For certain drugs, Priority Health Medicare limits the amount of the drug that Priority Health Medicare will cover. For example, Priority Health Medicare provides 60 tablets per prescription for ENTRESTO. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Priority Health Medicare requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Priority Health Medicare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Priority Health Medicare will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 9. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Priority Health Medicare to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, *"How do I request an exception to the Priority Health Medicare formulary?"* below for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Service and ask if your drug is covered.

If you learn that Priority Health Medicare does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Priority Health Medicare. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Priority Health Medicare.
- You can ask Priority Health Medicare to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Priority Health Medicare Formulary?

You can ask Priority Health Medicare to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Priority Health Medicare limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Priority Health Medicare will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering, or utilization restriction exception. **When you request a formulary, tiering, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed

by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

Priority Health Medicare provides members experiencing a level of care change with a transition supply of at least 30 days of medication unless the prescription is written for fewer days.

For more information

For more detailed information about your Priority Health Medicare prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Priority Health Medicare, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit medicare.gov.

Priority Health Medicare Formulary

The formulary that begins on page 9 provides coverage information about the drugs covered by Priority Health Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on the page following the Drug List.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., ENTRESTO) and generic drugs are listed in lower-case italics (e.g., *lisinopril*).

The information in the Requirements/Limits column tells you if Priority Health Medicare has any special requirements for coverage of your drug.

List of Abbreviations

B/D: Part B vs. Part D. This drug requires prior authorization and may be covered differently under Medicare Part B (medical services) or D (prescription drug coverage) depending on your circumstances. Information may need to be submitted by your doctor describing the use and setting of the drug to make the determination.

EA: Each

GM: Grams

HI: Home Infusion. This prescription drug may be covered under our medical benefit. For more information, call Customer Service at toll-free 888.389.6648, 8 a.m. to 8 p.m., seven days a week. TTY users should call 711.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at toll-free 888.389.6648, 8 a.m. to 8 p.m., seven days a week. TTY users should call 711.

ML: Milliliters

PA: Prior Authorization. Priority Health Medicare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Priority Health Medicare before you fill your prescriptions. If you don't get approval, Priority Health Medicare may not cover the drug.

QL: Quantity Limit. For certain drugs, Priority Health Medicare limits the amount of the drug that Priority Health Medicare will cover. For example, Priority Health Medicare provides 60 tablets per 30-day prescription of ENTRESTO. This may be in addition to a standard one-month or three-month supply.

SI: Select Insulins. Our **Priority**Medicare ValueSM and **Priority**Medicare KeySM plans offer reduced cost sharing for select insulins until the catastrophic coverage stage is reached (see Chapter 6, "What you pay for your Part D prescription drugs," in your Evidence of Coverage for more information about the Medicare Part D coverage stages). For more information, call Customer Service toll-free at 888.389.6648, 8 a.m. to 8 p.m., seven days a week. TTY users should call 711.

ST: Step Therapy. In some cases, Priority Health Medicare requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Priority Health Medicare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Priority Health Medicare will then cover Drug B.

Understanding your copayments/coinsurance

The table below lists the Priority Health Medicare drug tiers and the copayment and coinsurance amount associated with each tier during the initial coverage stage.

Drug Tiers	PriorityMedicare Key SM (HMO-POS)	PriorityMedicare Edge SM (PPO)	PriorityMedicare Compass SM (PPO)	PriorityMedicare Vital SM (PPO)	PriorityMedicare Ideal SM (PPO)	PriorityMedicare Value SM (HMO-POS)	PriorityMedicare Merit SM (PPO)	PriorityMedicare SM (HMO-POS)	PriorityMedicare Select SM (PPO)
Preferred retail pharmacy: one-month (30-day) supply									
Tier 1 Preferred generic	\$4 copay	\$2 copay	\$4 copay	\$1 copay	\$4 copay	\$2 copay	\$2 copay	\$1 copay	\$1 copay
Tier 2 Generic	\$15 copay	\$8 copay	\$15 copay	\$10 copay	\$13 copay	\$10 copay	\$10 copay	\$8 copay	\$7 copay
Tier 3 Preferred brand	\$42 copay	\$38 copay	\$42 copay	After deductible of \$350 is met: \$42 copay	After deductible of \$125 is met: \$42 copay	After deductible of \$75 is met: \$42 copay	\$42 copay	\$38 copay	\$37 copay
Tier 4 Non-preferred drug	45% coinsurance	40% coinsurance	45% coinsurance	After deductible of \$350 is met: 45% coinsurance	After deductible of \$125 is met: 50% coinsurance	After deductible of \$75 is met: 50% coinsurance	50% coinsurance	45% coinsurance	45% coinsurance
Tier 5 Specialty (30-day supply only)	33% coinsurance	33% coinsurance	33% coinsurance	After deductible of \$350 is met: 26% coinsurance	After deductible of \$125 is met: 30% coinsurance	After deductible of \$75 is met: 31% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance
Standard retail pharmacy: one-month (30-day) supply									
Tier 1 Preferred generic	\$10 copay	\$7 copay	\$10 copay	\$6 copay	\$9 copay	\$7 copay	\$7 copay	\$6 copay	\$6 copay
Tier 2 Generic	\$20 copay	\$13 copay	\$20 copay	\$15 copay	\$18 copay	\$15 copay	\$15 copay	\$13 copay	\$12 copay
Tier 3 Preferred brand	\$47 copay	\$43 copay	\$47 copay	After deductible of \$350 is met: \$47 copay	After deductible of \$125 is met: \$47 copay	After deductible of \$75 is met: \$47 copay	\$47 copay	\$43 copay	\$42 copay
Tier 4 Non-preferred drug	50% coinsurance	45% coinsurance	50% coinsurance	After deductible of \$350 is met: 50% coinsurance	After deductible of \$125 is met: 50% coinsurance	After deductible of \$75 is met: 50% coinsurance	50% coinsurance	45% coinsurance	50% coinsurance
Tier 5 Specialty (30-day supply only)	33% coinsurance	33% coinsurance	33% coinsurance	After deductible of \$350 is met: 26% coinsurance	After deductible of \$125 is met: 30% coinsurance	After deductible of \$75 is met: 31% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance
Preferred mail order: three month (90-day) supply*									
Tier 1 Preferred generic	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2 Generic	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 3 Preferred brand	\$105 copay	\$95 copay	\$105 copay	After deductible of \$350 is met: \$105 copay	After deductible of \$125 is met: \$105 copay	After deductible of \$75 is met: \$105 copay	\$105 copay	\$95 copay	\$92.50 copay
Tier 4 Non-preferred drug	45% coinsurance	40% coinsurance	45% coinsurance	After deductible of \$350 is met: 45% coinsurance	After deductible of \$125 is met: 50% coinsurance	After deductible of \$75 is met: 50% coinsurance	50% coinsurance	45% coinsurance	45% coinsurance

*All drugs listed on formulary are available via mail order.

Drug Name	Drug Tiers	Requirements/Limits
Analgesics		
Nonsteroidal Anti-Inflammatory Drugs		
<i>celecoxib oral</i>	2	
<i>diclofenac epolamine external</i>	4	PA
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium er</i>	2	
<i>diclofenac sodium external gel 1 %</i>	2	QL (1000 GM per 30 days)
<i>diclofenac sodium external gel 3 %</i>	4	
<i>diclofenac sodium external solution 1.5 %</i>	4	
<i>diclofenac sodium oral</i>	2	
<i>diclofenac-misoprostol oral tablet delayed release</i>	2	
<i>diflunisal oral</i>	2	
<i>etodolac oral</i>	2	
<i>fenoprofen calcium oral tablet</i>	2	
<i>flurbiprofen oral tablet 100 mg</i>	2	
<i>ibu oral tablet 600 mg, 800 mg</i>	1	
<i>ibuprofen oral suspension</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>mefenamic acid oral</i>	2	QL (30 EA per 30 days)
<i>meloxicam oral tablet</i>	1	
<i>nabumetone oral</i>	2	
<i>naproxen oral tablet</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
<i>oxaprozin</i>	2	
<i>piroxicam oral</i>	2	
<i>salsalate oral</i>	2	
<i>sulindac oral</i>	2	
Opioid Analgesics, Long-Acting		
<i>buprenorphine transdermal</i>	4	QL (4 EA per 28 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	QL (10 EA per 30 days)
<i>hydromorphone hcl er oral tablet extended release 24 hour</i>	4	QL (60 EA per 30 days)
<i>methadone hcl oral solution 10 mg/5ml</i>	2	QL (600 ML per 30 days)
<i>methadone hcl oral solution 5 mg/5ml</i>	2	QL (1200 ML per 30 days)
<i>methadone hcl oral tablet 10 mg</i>	2	QL (90 EA per 30 days)

T1-Preferred generic; **T2**-Generic; **T3**-Preferred brand; **T4**-Non-preferred drug; **T5**-Specialty

B/D-Part B vs. Part D; **EA**-Each; **HI**-Home Infusion; **LA**-Limited Availability; **PA**-Prior Authorization; **QL**-Quantity Limits; **SI**-Select Insulins; **ST**-Step Therapy; **ML**-Milliliters; **GM**-Grams

Note: All drugs listed on the formulary are available via mail order. Tier 5 drugs are 30-day supply only. You can find information on what the abbreviations mean on page 7.

Drug Name	Drug Tiers	Requirements/Limits
<i>methadone hcl oral tablet 5 mg</i>	2	QL (120 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg</i>	2	QL (60 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 15 mg, 200 mg, 30 mg, 60 mg</i>	2	QL (120 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg</i>	4	QL (90 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 60 mg</i>	4	QL (60 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 80 mg</i>	5	QL (60 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG	4	QL (90 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 60 MG	5	QL (90 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 80 MG	5	QL (60 EA per 30 days)
<i>oxymorphone hcl er</i>	4	QL (90 EA per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hour</i>	2	QL (30 EA per 30 days)
Opioid Analgesics, Short-Acting		
<i>acetaminophen-codeine #3</i>	2	QL (360 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	2	QL (360 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	QL (180 EA per 30 days)
<i>butorphanol tartrate nasal</i>	4	QL (10 ML per 28 days)
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	2	QL (180 EA per 30 days)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	2	QL (360 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; QL (120 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	4	PA; QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	2	QL (5550 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL (360 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	4	QL (150 EA per 30 days)
<i>hydromorphone hcl oral liquid</i>	2	QL (2400 ML per 30 days)
<i>hydromorphone hcl oral tablet</i>	2	QL (180 EA per 30 days)

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Note: All drugs listed on the formulary are available via mail order. Tier 5 drugs are 30-day supply only. You can find information on what the abbreviations mean on page 7.

Drug Name	Drug Tiers	Requirements/Limits
<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml</i>	2	QL (240 ML per 30 days)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>	2	QL (900 ML per 30 days)
<i>morphine sulfate oral solution</i>	2	QL (900 ML per 30 days)
<i>morphine sulfate oral tablet</i>	2	QL (180 EA per 30 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	4	QL (180 ML per 30 days)
<i>oxycodone hcl oral solution</i>	2	QL (1200 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	2	QL (180 EA per 30 days)
<i>oxycodone hcl oral tablet 5 mg</i>	2	QL (360 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL (360 EA per 30 days)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	2	QL (360 EA per 30 days)
<i>oxymorphone hcl oral tablet 10 mg</i>	4	QL (360 EA per 30 days)
<i>oxymorphone hcl oral tablet 5 mg</i>	4	QL (180 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	2	QL (240 EA per 30 days)
<i>tramadol-acetaminophen</i>	2	QL (240 EA per 30 days)
Anesthetics		
Local Anesthetics		
<i>lidocaine external ointment 5 %</i>	2	
<i>lidocaine external patch 5 %</i>	3	PA
<i>lidocaine hcl external solution</i>	2	
<i>lidocaine hcl urethral/mucosal</i>	2	
<i>lidocaine viscous hcl</i>	2	
<i>lidocaine-prilocaine external cream</i>	2	
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-Craving		
<i>acamprosate calcium</i>	2	
<i>disulfiram oral</i>	2	
<i>naltrexone hcl oral</i>	2	
Opioid Dependence		
<i>buprenorphine hcl sublingual</i>	3	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	4	QL (60 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	4	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	2	QL (90 EA per 30 days)
Opioid Reversal Agents		
<i>naloxone hcl injection solution 0.4 mg/ml</i>	1	
<i>naloxone hcl injection solution cartridge</i>	1	
<i>naloxone hcl injection solution prefilled syringe</i>	1	
<i>naloxone hcl nasal</i>	2	QL (2 EA per 30 days)
ZIMHI	3	QL (1 ML per 30 days)
Smoking Cessation Agents		
APO-VARENICLINE	4	
<i>bupropion hcl er (smoking det)</i>	2	
NICOTROL	4	
NICOTROL NS	4	
<i>varenicline tartrate</i>	4	
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	2	HI
ARIKAYCE	5	PA; QL (235.2 ML per 28 days)
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	2	HI
<i>gentamicin sulfate external</i>	2	QL (90 GM per 30 days)
<i>gentamicin sulfate injection solution 40 mg/ml</i>	2	
<i>neomycin sulfate oral</i>	2	
<i>paromomycin sulfate oral</i>	2	
<i>streptomycin sulfate intramuscular</i>	4	
<i>tobramycin sulfate injection solution 10 mg/ml</i>	2	HI; QL (720 ML per 30 days)
<i>tobramycin sulfate injection solution 80 mg/2ml</i>	2	QL (720 ML per 30 days)
Antibacterials, Other		
aztreonam	4	HI
CLEOCIN VAGINAL SUPPOSITORY	3	
<i>clindamycin hcl oral capsule 150 mg, 300 mg</i>	2	
<i>clindamycin palmitate hcl</i>	2	
<i>clindamycin phosphate external swab</i>	2	
<i>clindamycin phosphate in d5w</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
<i>clindamycin phosphate vaginal</i>	2	
<i>colistimethate sodium (cba)</i>	5	HI
<i>daptomycin intravenous solution reconstituted 500 mg</i>	5	HI
<i>firvanq</i>	3	
<i>fosfomycin tromethamine</i>	4	
<i>linezolid intravenous solution 600 mg/300ml</i>	3	
<i>linezolid oral suspension reconstituted</i>	3	
<i>linezolid oral tablet</i>	3	QL (56 EA per 28 days)
<i>methenamine hippurate</i>	2	
<i>metronidazole external</i>	2	
<i>metronidazole in nacl intravenous solution 5-0.79 mg/ml-%</i>	2	
<i>metronidazole intravenous solution 500 mg/100ml</i>	2	
<i>metronidazole oral tablet</i>	2	
<i>metronidazole vaginal</i>	2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	2	
<i>nitrofurantoin monohyd macro</i>	2	
SIVEXTRO ORAL	5	PA; QL (6 EA per 30 days)
<i>tigecycline</i>	4	HI
<i>trimethoprim oral</i>	2	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 500 mg</i>	2	HI
<i>vancomycin hcl intravenous solution reconstituted 1.5 gm</i>	2	
<i>vancomycin hcl oral capsule 125 mg</i>	4	ST; QL (80 EA per 30 days)
<i>vancomycin hcl oral capsule 250 mg</i>	4	ST; QL (160 EA per 30 days)
XIFAXAN ORAL TABLET 200 MG	4	QL (30 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	QL (60 EA per 30 days)
Beta-Lactam, Cephalosporins		
<i>cefaclor</i>	2	
<i>cefadroxil oral capsule</i>	2	
<i>cefadroxil oral suspension reconstituted</i>	2	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	2	HI

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Drug Name	Drug Tiers	Requirements/Limits
<i>cefdinir</i>	2	
<i>cefepime hcl injection</i>	2	HI
<i>cefoxitin sodium injection</i>	2	
<i>cefoxitin sodium intravenous</i>	2	HI
<i>cefpodoxime proxetil</i>	2	
<i>cefprozil</i>	2	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	2	HI
<i>ceftazidime injection solution reconstituted 2 gm</i>	2	
<i>ceftazidime intravenous</i>	2	HI
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	2	HI
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	2	HI
<i>cefuroxime axetil oral tablet</i>	2	
<i>cefuroxime sodium injection solution reconstituted 7.5 gm</i>	2	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	2	HI
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	2	HI
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	
<i>cephalexin oral suspension reconstituted</i>	2	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	3	
SUPRAX ORAL TABLET CHEWABLE	3	
TEFLARO	4	
ZERBAXA	5	
Beta-Lactam, Penicillins		
<i>amoxicillin oral capsule</i>	2	
<i>amoxicillin oral suspension reconstituted</i>	2	
<i>amoxicillin oral tablet</i>	2	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate er</i>	2	
<i>amoxicillin-pot clavulanate oral</i>	2	
<i>ampicillin oral capsule 500 mg</i>	2	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	2	HI

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Drug Name	Drug Tiers	Requirements/Limits
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	2	HI
<i>ampicillin-sulbactam sodium injection solution reconstituted 3 (2-1) gm</i>	2	HI
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	2	HI
BICILLIN C-R	3	
BICILLIN C-R 900/300	3	
BICILLIN L-A INTRAMUSCULAR SUSPENSION 2400000 UNIT/4ML	3	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
<i>dicloxacillin sodium</i>	2	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	2	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	2	
<i>oxacillin sodium in dextrose intravenous solution 1 gm/50ml</i>	2	HI
<i>oxacillin sodium injection solution reconstituted 1 gm</i>	2	
<i>oxacillin sodium intravenous</i>	2	
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	4	HI
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	4	HI
<i>penicillin g potassium injection solution reconstituted 5000000 unit</i>	2	
<i>penicillin g procaine</i>	4	
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium oral solution reconstituted</i>	4	
<i>penicillin v potassium oral tablet</i>	2	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	2	HI
Carbapenems		
<i>ertapenem sodium</i>	4	
<i>imipenem-cilastatin</i>	2	
<i>meropenem</i>	4	

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Drug Name	Drug Tiers	Requirements/Limits
Macrolides		
<i>azithromycin intravenous</i>	2	HI
<i>azithromycin oral packet</i>	2	
<i>azithromycin oral suspension reconstituted</i>	2	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	2	
<i>clarithromycin er</i>	2	
<i>clarithromycin oral</i>	2	
DIFICID ORAL SUSPENSION RECONSTITUTED	5	ST; QL (100 ML per 30 days)
DIFICID ORAL TABLET	5	ST; QL (20 EA per 30 days)
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG	3	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	3	
<i>erythromycin base oral</i>	2	
<i>erythromycin ethylsuccinate oral</i>	2	
<i>erythromycin oral tablet delayed release 250 mg, 333 mg</i>	2	
Quinolones		
<i>ciprofloxacin hcl ophthalmic</i>	2	
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	2	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	2	
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	2	
<i>levofloxacin intravenous</i>	2	HI
<i>levofloxacin oral</i>	2	
<i>moxifloxacin hcl oral</i>	2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	2	
Sulfonamides		
<i>sulfacetamide sodium (acne)</i>	2	
<i>sulfadiazine oral</i>	4	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
Tetracyclines		
<i>demeclocycline hcl oral</i>	4	
DOXY 100	4	B/D
<i>doxycycline hyclate oral capsule</i>	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline monohydrate oral capsule 75 mg</i>	4	
<i>doxycycline monohydrate oral suspension reconstituted</i>	2	
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	2	
<i>minocycline hcl oral capsule</i>	2	
<i>tetracycline hcl oral</i>	2	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT ORAL SOLUTION	5	ST; QL (600 ML per 30 days)
BRIVIACT ORAL TABLET	5	ST; QL (60 EA per 30 days)
DIACOMIT	5	PA
EPIDIOLEX	5	PA; QL (500 ML per 30 days)
EPRONTIA	4	ST; QL (480 ML per 30 days)
<i>felbamate</i>	4	
FINTEPLA	5	PA; QL (360 ML per 30 days)
FYCOMPA ORAL SUSPENSION	5	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	5	QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	QL (30 EA per 30 days)
<i>lamotrigine er</i>	4	
<i>lamotrigine oral kit 25 & 50 & 100 mg</i>	4	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg</i>	1	
<i>lamotrigine oral tablet 25 mg</i>	2	
<i>lamotrigine oral tablet chewable</i>	2	
<i>lamotrigine oral tablet dispersible</i>	4	
<i>lamotrigine starter kit-blue</i>	4	
<i>lamotrigine starter kit-green</i>	4	
<i>lamotrigine starter kit-orange</i>	4	

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Drug Name	Drug Tiers	Requirements/Limits
<i>levetiracetam er</i>	2	
<i>levetiracetam oral</i>	2	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 500 MG, 750 MG	4	QL (90 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG	4	QL (60 EA per 30 days)
<i>topiramate oral</i>	2	
<i>valproic acid oral capsule</i>	2	
<i>valproic acid oral solution</i>	2	
XCOPRI (250 MG DAILY DOSE)	5	QL (56 EA per 28 days)
XCOPRI (350 MG DAILY DOSE)	5	QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	5	QL (30 EA per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	5	QL (60 EA per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	4	QL (28 EA per 28 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	5	QL (28 EA per 28 days)
ZTALMY	5	PA; QL (1100 ML per 30 days)
Calcium Channel Modifying Agents		
CELONTIN	3	
<i>ethosuximide oral</i>	2	
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
<i>clobazam oral suspension</i>	4	PA; QL (480 ML per 30 days)
<i>clobazam oral tablet</i>	4	PA; QL (60 EA per 30 days)
<i>diazepam rectal</i>	3	
<i>gabapentin oral capsule</i>	2	
<i>gabapentin oral solution 250 mg/5ml</i>	2	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	2	
NAYZILAM	4	QL (10 EA per 30 days)
<i>phenobarbital oral elixir</i>	2	PA
<i>phenobarbital oral tablet</i>	2	PA
<i>primidone oral</i>	1	
SYMPAZAN	5	PA; QL (60 EA per 30 days)
<i>tiagabine hcl</i>	4	
VALTOCO 10 MG DOSE	4	QL (10 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
VALTOCO 15 MG DOSE	4	QL (20 EA per 30 days)
VALTOCO 20 MG DOSE	4	QL (20 EA per 30 days)
VALTOCO 5 MG DOSE	4	QL (10 EA per 30 days)
<i>vigabatrin</i>	5	LA
<i>vigadrone</i>	5	
Sodium Channel Agents		
APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG	5	ST; QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG	5	ST; QL (60 EA per 30 days)
<i>carbamazepine er oral tablet extended release 12 hour</i>	2	
<i>carbamazepine oral</i>	2	
<i>epitol</i>	2	
<i>lacosamide oral solution</i>	4	
<i>lacosamide oral tablet</i>	4	QL (60 EA per 30 days)
<i>oxcarbazepine</i>	2	
<i>phenytoin oral suspension 125 mg/5ml</i>	2	
<i>phenytoin oral tablet chewable</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>rufinamide</i>	5	PA
ZONISADE	5	PA; QL (900 ML per 30 days)
<i>zonisamide oral</i>	2	
Antidementia Agents		
Antidementia Agents, Other		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil hcl oral tablet dispersible</i>	2	
<i>ergoloid mesylates oral</i>	2	
Cholinesterase Inhibitors		
<i>donepezil hcl oral tablet 23 mg</i>	2	
<i>galantamine hydrobromide</i>	2	
<i>galantamine hydrobromide er</i>	2	
<i>rivastigmine</i>	3	QL (30 EA per 30 days)
<i>rivastigmine tartrate</i>	2	QL (60 EA per 30 days)
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist		
<i>memantine hcl er</i>	3	QL (30 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
<i>memantine hcl oral solution 2 mg/ml</i>	4	QL (300 ML per 30 days)
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	2	QL (60 EA per 30 days)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	4	QL (49 EA per 30 days)
Antidepressants		
Antidepressants, Other		
<i>bupropion hcl er (sr)</i>	2	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	2	
<i>bupropion hcl oral</i>	2	
<i>maprotiline hcl</i>	2	
<i>mirtazapine oral</i>	2	
Monoamine Oxidase Inhibitors		
EMSAM	5	ST
MARPLAN	4	QL (180 EA per 30 days)
<i>phenelzine sulfate oral</i>	2	
<i>tranylcypromine sulfate</i>	2	
Ssris/SnrIs (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide oral solution</i>	2	QL (600 ML per 30 days)
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg</i>	1	QL (45 EA per 30 days)
<i>citalopram hydrobromide oral tablet 40 mg</i>	1	QL (30 EA per 30 days)
<i>desvenlafaxine succinate er</i>	2	QL (30 EA per 30 days)
DRIZALMA SPRINKLE	4	QL (60 EA per 30 days)
<i>escitalopram oxalate oral</i>	2	
FETZIMA	4	ST; QL (30 EA per 30 days)
FETZIMA TITRATION	4	ST; QL (30 EA per 30 days)
<i>fluoxetine hcl oral capsule</i>	1	
<i>fluoxetine hcl oral capsule delayed release</i>	4	
<i>fluoxetine hcl oral solution</i>	2	
<i>fluvoxamine maleate</i>	2	
<i>fluvoxamine maleate er</i>	4	
<i>nefazodone hcl</i>	2	
<i>paroxetine hcl oral suspension</i>	4	
<i>paroxetine hcl oral tablet</i>	1	

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Drug Name	Drug Tiers	Requirements/Limits
<i>paroxetine mesylate</i>	4	QL (30 EA per 30 days)
<i>sertraline hcl oral concentrate</i>	2	
<i>sertraline hcl oral tablet</i>	1	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>trazodone hcl oral tablet 300 mg</i>	2	
TRINTELLIX	4	ST; QL (30 EA per 30 days)
<i>venlafaxine hcl</i>	2	
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	2	
<i>venlafaxine hcl er oral tablet extended release 24 hour</i>	4	
VIIBRYD STARTER PACK	4	ST; QL (30 EA per 30 days)
<i>vilazodone hcl</i>	4	ST; QL (30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl oral</i>	4	
<i>amoxapine</i>	4	
<i>clomipramine hcl oral</i>	4	
<i>desipramine hcl oral</i>	4	
<i>doxepin hcl oral capsule</i>	4	
<i>doxepin hcl oral concentrate</i>	4	
<i>imipramine hcl oral</i>	4	PA
<i>imipramine pamoate</i>	4	PA
<i>nortriptyline hcl oral capsule</i>	2	
<i>nortriptyline hcl oral solution</i>	4	
<i>protriptyline hcl</i>	4	
<i>trimipramine maleate oral</i>	4	PA
Antiemetics		
Antiemetics, Other		
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	2	
<i>prochlorperazine</i>	2	
<i>prochlorperazine maleate oral</i>	1	
<i>promethazine hcl oral tablet</i>	2	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	2	
<i>promethegan rectal suppository 25 mg</i>	2	
<i>promethegan rectal suppository 50 mg</i>	4	

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Drug Name	Drug Tiers	Requirements/Limits
<i>scopolamine</i>	3	
Emetogenic Therapy Adjuncts		
<i>aprepitant oral capsule</i>	4	B/D; QL (6 EA per 30 days)
<i>dronabinol</i>	4	B/D
<i>granisetron hcl oral</i>	2	B/D
<i>ondansetron</i>	2	B/D
<i>ondansetron hcl oral solution</i>	2	B/D
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D
SANCUSO	5	QL (4 EA per 28 days)
Antifungals		
Antifungals		
ABELCET	4	B/D
<i>amphotericin b intravenous</i>	2	B/D
<i>casprofungin acetate intravenous solution reconstituted 50 mg</i>	5	
<i>casprofungin acetate intravenous solution reconstituted 70 mg</i>	4	
<i>ciclopirox olamine external cream</i>	2	QL (180 GM per 30 days)
<i>ciclopirox olamine external suspension</i>	2	QL (60 ML per 30 days)
<i>clotrimazole external cream</i>	2	
<i>clotrimazole external solution</i>	2	
<i>clotrimazole mouth/throat troche</i>	2	
CRESEMBA ORAL	5	QL (60 EA per 30 days)
<i>econazole nitrate external</i>	2	QL (90 GM per 30 days)
ERAXIS	4	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	2	HI
<i>fluconazole oral</i>	2	
<i>flucytosine oral</i>	5	
<i>griseofulvin microsize oral tablet</i>	2	
<i>griseofulvin ultramicrosize</i>	2	
<i>itraconazole oral capsule</i>	4	
<i>ketoconazole external cream</i>	2	QL (180 GM per 30 days)
<i>ketoconazole external shampoo 2 %</i>	2	QL (120 ML per 30 days)
<i>ketoconazole oral</i>	2	
<i>miconazole 3 vaginal suppository</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
NOXAFIL ORAL SUSPENSION	5	
NYAMYC	2	QL (60 GM per 30 days)
<i>nystatin external cream</i>	2	
<i>nystatin external ointment</i>	2	
<i>nystatin external powder</i>	2	QL (240 GM per 30 days)
<i>nystatin mouth/throat</i>	2	QL (700 ML per 30 days)
<i>nystatin oral tablet</i>	2	
NYSTOP	2	
<i>posaconazole</i>	5	QL (93 EA per 30 days)
<i>terbinafine hcl oral</i>	2	
<i>terconazole</i>	2	
<i>voriconazole intravenous</i>	4	B/D
<i>voriconazole oral suspension reconstituted</i>	5	
<i>voriconazole oral tablet</i>	4	
Antigout Agents		
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral</i>	2	
<i>colchicine-probenecid</i>	2	
<i>febuxostat</i>	4	
<i>probenecid oral</i>	2	
Antimigraine Agents		
Ergot Alkaloids		
<i>dihydroergotamine mesylate nasal</i>	4	PA; QL (8 ML per 30 days)
<i>ergotamine-caffeine</i>	3	QL (40 EA per 30 days)
TRUDHESA	4	PA; QL (4 ML per 30 days)
Prophylactic		
AIMOVIG	4	PA; QL (1 ML per 30 days)
AJOVY	4	PA; QL (1.5 ML per 30 days)
EMGALITY	4	PA
EMGALITY (300 MG DOSE)	4	PA; QL (3 ML per 30 days)
UBRELVY	4	PA; QL (16 EA per 30 days)
Serotonin (5-Ht) Receptor Agonist		
<i>eletriptan hydrobromide</i>	4	QL (12 EA per 30 days)
<i>naratriptan hcl</i>	2	QL (12 EA per 30 days)
REYVOW ORAL TABLET 100 MG	4	PA; QL (8 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
REYVOW ORAL TABLET 50 MG	4	PA; QL (4 EA per 30 days)
<i>rizatriptan benzoate</i>	2	QL (12 EA per 30 days)
<i>sumatriptan nasal</i>	2	QL (12 EA per 30 days)
<i>sumatriptan succinate oral</i>	2	QL (12 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	4	QL (4 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	4	QL (4 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	4	QL (4 ML per 30 days)
<i>zolmitriptan oral</i>	2	QL (12 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
<i>guanidine hcl oral</i>	2	
<i>pyridostigmine bromide er</i>	4	
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone oral</i>	2	
PRIFTIN	4	
<i>rifabutin</i>	4	
Antituberculars		
<i>ethambutol hcl oral</i>	2	
<i>isoniazid oral syrup</i>	4	
<i>isoniazid oral tablet</i>	1	
PASER	3	
PRETOMANID	4	PA; QL (30 EA per 30 days)
<i>pyrazinamide oral</i>	2	
<i>rifampin intravenous</i>	2	
<i>rifampin oral</i>	2	
SIRUORO	5	
TRECTOR	4	
Antineoplastics		
Alkylating Agents		
<i>cyclophosphamide oral capsule</i>	3	B/D
CYCLOPHOSPHAMIDE ORAL TABLET	3	B/D

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Drug Name	Drug Tiers	Requirements/Limits
LEUKERAN	5	
MATULANE	5	PA
<i>melphalan</i>	2	
VALCHLOR	5	PA; LA; QL (60 GM per 30 days)
Antiandrogens		
<i>abiraterone acetate oral tablet 250 mg</i>	5	PA; QL (120 EA per 30 days)
<i>abiraterone acetate oral tablet 500 mg</i>	5	PA; QL (60 EA per 30 days)
<i>bicalutamide</i>	2	
ERLEADA	5	PA; QL (120 EA per 30 days)
<i>flutamide</i>	2	
<i>nilutamide</i>	5	
NUBEQA	5	PA; QL (120 EA per 30 days)
<i>toremifene citrate</i>	5	
XTANDI ORAL CAPSULE	5	PA; LA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA; LA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA; LA; QL (60 EA per 30 days)
Antiangiogenic Agents		
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	5	PA; LA; QL (30 EA per 30 days)
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	5	PA; QL (30 EA per 30 days)
POMALYST	5	PA; LA; QL (21 EA per 28 days)
REVLIMID	5	PA; LA; QL (30 EA per 30 days)
THALOMID	5	PA
Antiestrogens/Modifiers		
EMCYT	4	
<i>raloxifene hcl</i>	2	
SOLTAMOX	4	
<i>tamoxifen citrate oral</i>	2	
Antimetabolites		
DROXIA	4	
<i>hydroxyurea oral</i>	2	
INQOVI	5	PA
ONUREG	5	PA; QL (14 EA per 28 days)
PURIXAN	5	
SIKLOS ORAL TABLET 100 MG	4	PA
SIKLOS ORAL TABLET 1000 MG	5	PA

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Drug Name	Drug Tiers	Requirements/Limits
TABLOID	4	
Antineoplastics, Other		
GAVRETO	5	PA; QL (120 EA per 30 days)
IDHIFA	5	PA; QL (30 EA per 30 days)
KISQALI FEMARA (400 MG DOSE)	5	PA
KISQALI FEMARA (600 MG DOSE)	5	PA
KISQALI FEMARA(200 MG DOSE)	5	PA
LONSURF	5	PA
LUMAKRAS	5	PA; QL (240 EA per 30 days)
LYNPARZA ORAL TABLET	5	PA; QL (120 EA per 30 days)
NINLARO	5	QL (3 EA per 28 days)
ORGOVYX	5	PA; QL (32 EA per 30 days)
RETEVMO	5	PA; QL (120 EA per 30 days)
SYNRIBO	5	PA
TUKYSA ORAL TABLET 150 MG	5	PA; QL (120 EA per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA; QL (60 EA per 30 days)
WELIREG	5	PA; QL (90 EA per 30 days)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; QL (20 EA per 28 days)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (4 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; QL (16 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (8 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; QL (12 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA; QL (4 EA per 28 days)
XPOVIO (60 MG TWICE WEEKLY)	5	PA; QL (24 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; QL (16 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (8 EA per 28 days)

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Drug Name	Drug Tiers	Requirements/Limits
XPOVIO (80 MG TWICE WEEKLY)	5	PA; QL (32 EA per 28 days)
ZOLINZA	5	PA
Aromatase Inhibitors, 3Rd Generation		
<i>anastrozole oral</i>	2	
<i>exemestane</i>	2	
<i>letrozole oral</i>	2	
Molecular Target Inhibitors		
ALECENSA	5	PA
ALUNBRIG	5	PA
AYVAKIT	5	PA; QL (30 EA per 30 days)
BALVERSA	5	PA
BOSULIF ORAL TABLET 100 MG	5	PA; QL (120 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA
BRUKINSA	5	PA; QL (120 EA per 30 days)
CABOMETYX	5	PA; QL (30 EA per 30 days)
CALQUENCE	5	PA; QL (60 EA per 30 days)
CAPRELSA	5	PA; LA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA; QL (56 EA per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA; QL (112 EA per 28 days)
COMETRIQ (60 MG DAILY DOSE)	5	PA; QL (84 EA per 28 days)
COPIKTRA	5	PA; QL (60 EA per 30 days)
COTELLIC	5	PA; LA
DAURISMO	5	PA; QL (30 EA per 30 days)
ERIVEDGE	5	PA; LA
<i>erlotinib hcl</i>	5	PA
<i>everolimus oral tablet 10 mg</i>	5	PA
<i>everolimus oral tablet soluble 3 mg, 5 mg</i>	5	PA
EXKIVITY	5	PA; QL (120 EA per 30 days)
FARYDAK	5	PA
FOTIVDA	5	PA; QL (30 EA per 30 days)
GILOTRIF	5	PA; QL (30 EA per 30 days)
IBRANCE	5	PA; QL (21 EA per 28 days)
ICLUSIG ORAL TABLET 10 MG	5	PA; QL (30 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
ICLUSIG ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA
<i>imatinib mesylate oral tablet 100 mg</i>	5	PA; QL (180 EA per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	5	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE	5	PA; QL (30 EA per 30 days)
IMBRUVICA ORAL SUSPENSION	5	PA; QL (108 ML per 30 days)
IMBRUVICA ORAL TABLET	5	PA; QL (30 EA per 30 days)
INLYTA ORAL TABLET 1 MG	5	PA; LA
INLYTA ORAL TABLET 5 MG	5	PA; LA; QL (180 EA per 30 days)
INREBIC	5	PA; QL (120 EA per 30 days)
IRESSA	5	PA
JAKAFI	5	PA; LA; QL (60 EA per 30 days)
KISQALI (200 MG DOSE)	5	PA; QL (63 EA per 28 days)
KISQALI (400 MG DOSE)	5	PA; QL (63 EA per 28 days)
KISQALI (600 MG DOSE)	5	PA; QL (63 EA per 28 days)
KOSELUGO	5	PA
<i>lapatinib ditosylate</i>	5	PA
LENVIMA (10 MG DAILY DOSE)	5	PA; LA; QL (30 EA per 30 days)
LENVIMA (12 MG DAILY DOSE)	5	PA; LA; QL (90 EA per 30 days)
LENVIMA (14 MG DAILY DOSE)	5	PA; LA; QL (60 EA per 30 days)
LENVIMA (18 MG DAILY DOSE)	5	PA; LA; QL (105 EA per 30 days)
LENVIMA (20 MG DAILY DOSE)	5	PA; LA; QL (60 EA per 30 days)
LENVIMA (24 MG DAILY DOSE)	5	PA; LA; QL (90 EA per 30 days)
LENVIMA (4 MG DAILY DOSE)	5	PA; LA; QL (30 EA per 30 days)
LENVIMA (8 MG DAILY DOSE)	5	PA; LA; QL (70 EA per 30 days)
LORBRENA	5	PA
MEKINIST ORAL TABLET 0.5 MG	5	PA; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; QL (30 EA per 30 days)
MEKTOVI	5	PA
NERLYNX	5	PA; QL (180 EA per 30 days)
ODOMZO	5	PA; LA; QL (30 EA per 30 days)
PEMAZYRE	5	PA
PIQRAY (200 MG DAILY DOSE)	5	PA; QL (28 EA per 28 days)
PIQRAY (250 MG DAILY DOSE)	5	PA; QL (56 EA per 28 days)
PIQRAY (300 MG DAILY DOSE)	5	PA; QL (56 EA per 28 days)
QINLOCK	5	PA; QL (90 EA per 30 days)
ROZLYTREK	5	PA; QL (90 EA per 30 days)

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RUBRACA	5	PA; QL (120 EA per 30 days)
RYDAPT	5	PA
SCSEMBLIX	5	PA; QL (300 EA per 30 days)
<i>sorafenib tosylate</i>	5	PA
SPRYCEL	5	PA
STIVARGA	5	PA; LA; QL (84 EA per 28 days)
<i>sunitinib malate</i>	5	PA
TABRECTA	5	PA; QL (120 EA per 30 days)
TAFINLAR	5	PA; QL (120 EA per 30 days)
TAGRISSE	5	PA; LA; QL (30 EA per 30 days)
TALZENNA	5	PA; QL (30 EA per 30 days)
TASIGNA	5	PA
TAZVERIK	5	PA; QL (240 EA per 30 days)
TEPMETKO	5	PA; QL (60 EA per 30 days)
TIBSOVO	5	PA
TRUSELTIQ (100MG DAILY DOSE)	5	PA; QL (21 EA per 28 days)
TRUSELTIQ (125MG DAILY DOSE)	5	PA; QL (42 EA per 28 days)
TRUSELTIQ (50MG DAILY DOSE)	5	PA; QL (42 EA per 28 days)
TRUSELTIQ (75MG DAILY DOSE)	5	PA; QL (63 EA per 28 days)
TURALIO	5	PA; QL (120 EA per 30 days)
VENCLEXTA ORAL TABLET 10 MG	4	PA
VENCLEXTA ORAL TABLET 100 MG, 50 MG	5	PA
VENCLEXTA STARTING PACK	5	PA
VERZENIO	5	PA
VITRAKVI ORAL CAPSULE 100 MG	5	PA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; QL (90 EA per 30 days)
VITRAKVI ORAL SOLUTION	5	PA; QL (300 ML per 30 days)
VIZIMPRO	5	PA
VONJO	5	PA; QL (120 EA per 30 days)
VOTRIENT	5	PA
XALKORI	5	PA; LA; QL (60 EA per 30 days)
XOSPATA	5	PA
ZEJULA	5	PA; QL (90 EA per 30 days)
ZELBORAF	5	PA; LA; QL (240 EA per 30 days)
ZYDELIG	5	PA; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET	5	PA

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Drug Name	Drug Tiers	Requirements/Limits
Retinoids		
<i>bexarotene</i>	5	PA
<i>tretinoin oral</i>	5	PA
Treatment Adjuncts		
<i>leucovorin calcium oral</i>	2	
MESNEX ORAL	4	
Antiparasitics		
Anthelmintics		
<i>albendazole oral</i>	5	
<i>ivermectin oral</i>	2	
<i>praziquantel oral</i>	3	
Antiprotozoals		
<i>atovaquone oral</i>	5	
<i>atovaquone-proguanil hcl</i>	2	
<i>chloroquine phosphate oral</i>	2	
COARTEM	3	QL (24 EA per 30 days)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	2	
KRINTAFEL	3	QL (8 EA per 365 days)
<i>mefloquine hcl</i>	2	
<i>nitazoxanide oral</i>	5	
<i>pentamidine isethionate inhalation</i>	3	PA
<i>pentamidine isethionate injection</i>	4	
<i>primaquine phosphate oral</i>	2	
<i>pyrimethamine oral</i>	5	
<i>quinine sulfate oral</i>	2	
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate oral</i>	4	
<i>trihexyphenidyl hcl</i>	2	
Antiparkinson Agents, Other		
<i>amantadine hcl oral</i>	2	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	4	
<i>entacapone</i>	2	

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ONGENTYS	4	ST; QL (30 EA per 30 days)
Dopamine Agonists		
<i>bromocriptine mesylate oral</i>	2	
KYNMOBI	5	QL (150 EA per 30 days)
NEUPRO	4	ST; QL (30 EA per 30 days)
<i>pramipexole dihydrochloride</i>	2	
<i>pramipexole dihydrochloride er</i>	4	
<i>ropinirole hcl</i>	2	
<i>ropinirole hcl er</i>	2	
Dopamine Precursors And/Or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa oral</i>	3	
<i>carbidopa-levodopa</i>	2	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	2	
Monoamine Oxidase B (Mao-B) Inhibitors		
<i>rasagiline mesylate oral</i>	4	
<i>selegiline hcl oral</i>	2	
Antipsychotics		
1St Generation/Typical		
ADASUVE	5	PA
<i>chlorpromazine hcl injection solution 50 mg/2ml</i>	2	
<i>chlorpromazine hcl oral concentrate</i>	4	
<i>chlorpromazine hcl oral tablet</i>	2	
<i>fluphenazine decanoate injection</i>	2	
<i>fluphenazine hcl injection</i>	2	
<i>fluphenazine hcl oral</i>	2	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml, 50 mg/ml(1ml)</i>	2	
<i>haloperidol lactate</i>	2	
<i>haloperidol oral</i>	1	
<i>loxapine succinate oral</i>	2	
<i>molindone hcl</i>	3	
<i>perphenazine oral</i>	2	
<i>pimozide</i>	2	
<i>thioridazine hcl oral</i>	2	

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<i>thiothixene oral</i>	2	
<i>trifluoperazine hcl oral</i>	2	
2Nd Generation/Atypical		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	5	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	
<i>aripiprazole oral solution</i>	4	QL (750 ML per 30 days)
<i>aripiprazole oral tablet</i>	2	QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible</i>	5	QL (60 EA per 30 days)
ARISTADA	5	
ARISTADA INITIO	5	
<i>asenapine maleate</i>	4	ST; QL (60 EA per 30 days)
CAPLYTA	5	PA; QL (30 EA per 30 days)
FANAPT	5	ST; QL (60 EA per 30 days)
FANAPT TITRATION PACK	4	ST
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	5	QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	5	QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	5	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	5	
LATUDA	5	ST; QL (30 EA per 30 days)
LYBALVI	5	PA; QL (30 EA per 30 days)
NUPLAZID ORAL CAPSULE	5	PA
NUPLAZID ORAL TABLET 10 MG	5	PA
<i>olanzapine</i>	2	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	4	ST; QL (30 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	4	ST; QL (60 EA per 30 days)
PERSERIS	5	PA; QL (1 EA per 28 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 50 mg</i>	2	QL (30 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	
REXULTI	5	ST; QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG	4	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	5	
<i>risperidone</i>	2	
SECUADO	5	ST; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE	5	ST; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK	4	ST
<i>ziprasidone hcl</i>	2	QL (60 EA per 30 days)
<i>ziprasidone mesylate</i>	4	
ZYPREXA INTRAMUSCULAR	4	QL (30 EA per 30 days)
ZYPREXA RELPREVV	5	
Treatment-Resistant		
<i>clozapine</i>	2	
VERSACLOZ	5	
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	
<i>baclofen oral tablet 5 mg</i>	3	
<i>dantrolene sodium oral</i>	2	
<i>tizanidine hcl oral tablet</i>	2	
Antivirals		
Anti-Cytomegalovirus (Cmv) Agents		
LIVTENCITY	5	PA; QL (120 EA per 30 days)
PREVYMIS ORAL	5	PA
<i>valganciclovir hcl oral tablet</i>	3	

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Drug Name	Drug Tiers	Requirements/Limits
Anti-Hepatitis B (Hbv) Agents		
<i>adefovir dipivoxil</i>	5	
BARACLUDE ORAL SOLUTION	4	QL (600 ML per 30 days)
<i>entecavir</i>	4	
EPIVIR HBV ORAL SOLUTION	3	
<i>lamivudine oral solution</i>	3	
<i>lamivudine oral tablet</i>	2	
VEMLIDY	5	
Anti-Hepatitis C (Hcv) Agents		
EPCLUSA	5	PA
<i>ledipasvir-sofosbuvir</i>	5	PA
MAVYRET ORAL PACKET	5	PA; QL (140 EA per 28 days)
MAVYRET ORAL TABLET	5	PA; QL (84 EA per 28 days)
<i>ribavirin oral capsule</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	
ZEPATIER	5	PA
Antitherpetic Agents		
<i>acyclovir oral capsule</i>	2	
<i>acyclovir oral tablet</i>	2	
<i>acyclovir sodium intravenous solution</i>	2	B/D
<i>famciclovir oral</i>	2	
<i>valacyclovir hcl oral</i>	2	
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
APRETUDE	5	QL (21 ML per 365 days)
BIKTARVY	5	QL (30 EA per 30 days)
DOVATO	5	QL (30 EA per 30 days)
GENVOYA	5	QL (30 EA per 30 days)
ISENTRESS HD	5	
ISENTRESS ORAL PACKET	3	
ISENTRESS ORAL TABLET	5	
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	
STRIBILD	5	
SYMTUZA	5	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 10 MG	4	QL (30 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
TIVICAY ORAL TABLET 25 MG	5	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	5	QL (60 EA per 30 days)
TIVICAY PD	4	QL (180 EA per 30 days)
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
COMPLERA	5	QL (30 EA per 30 days)
EDURANT	5	QL (30 EA per 30 days)
<i>efavirenz</i>	2	
<i>etravirine</i>	5	
INTELENCE ORAL TABLET 25 MG	3	QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	4	QL (60 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	4	QL (30 EA per 30 days)
<i>nevirapine oral suspension</i>	4	QL (1200 ML per 30 days)
<i>nevirapine oral tablet</i>	4	QL (60 EA per 30 days)
PIFELTRO	5	QL (30 EA per 30 days)
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
<i>abacavir sulfate oral solution</i>	3	
<i>abacavir sulfate oral tablet</i>	2	
<i>abacavir sulfate-lamivudine</i>	4	
<i>abacavir-lamivudine-zidovudine</i>	5	
CIMDUO	5	QL (30 EA per 30 days)
DELSTRIGO	5	QL (30 EA per 30 days)
DESCOVY	5	
<i>efavirenz-emtricitab-tenofovir</i>	5	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir</i>	5	QL (30 EA per 30 days)
<i>emtricitabine</i>	3	
<i>emtricitabine-tenofovir df</i>	5	
EMTRIVA ORAL SOLUTION	3	
JULUCA	5	QL (30 EA per 30 days)
<i>lamivudine-zidovudine</i>	4	
ODEFSEY	5	QL (30 EA per 30 days)
TEMIXYS	5	QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate</i>	3	
TRIZIVIR	5	

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Drug Name	Drug Tiers	Requirements/Limits
VIREAD ORAL POWDER	5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	
<i>zidovudine</i>	2	
Anti-Hiv Agents, Other		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	5	
<i>maraviroc</i>	5	
RUKOBIA	5	QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION	5	
SELZENTRY ORAL TABLET 25 MG	4	
SELZENTRY ORAL TABLET 75 MG	5	
TRIUMEQ	5	QL (30 EA per 30 days)
TRIUMEQ PD	5	QL (180 EA per 30 days)
TYBOST	3	QL (30 EA per 30 days)
Anti-Hiv Agents, Protease Inhibitors		
APTIVUS ORAL CAPSULE	5	
APTIVUS ORAL SOLUTION	4	
<i>atazanavir sulfate</i>	4	
EVOTAZ	5	QL (30 EA per 30 days)
<i>fosamprenavir calcium</i>	5	
INVIRASE ORAL TABLET	5	
LEXIVA ORAL SUSPENSION	4	
<i>lopinavir-ritonavir oral solution</i>	4	
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	4	
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	5	
NORVIR ORAL PACKET	4	
NORVIR ORAL SOLUTION	4	
PREZCOBIX	5	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION	5	
PREZISTA ORAL TABLET 150 MG, 75 MG	3	
PREZISTA ORAL TABLET 600 MG, 800 MG	5	
REYATAZ ORAL PACKET	5	
RITONAVIR	3	
VIRACEPT ORAL TABLET	5	

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Drug Name	Drug Tiers	Requirements/Limits
Anti-Influenza Agents		
<i>oseltamivir phosphate oral</i>	2	
RELENZA DISKHALER	3	
<i>rimantadine hcl</i>	2	
XOFLUZA (40 MG DOSE)	4	QL (4 EA per 365 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	4	QL (2 EA per 365 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG	4	QL (4 EA per 365 days)
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 7.5 mg</i>	2	
<i>buspirone hcl oral tablet 5 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	4	
Benzodiazepines		
<i>alprazolam oral tablet</i>	1	
<i>chlordiazepoxide hcl</i>	1	
<i>clonazepam oral tablet</i>	1	
<i>clonazepam oral tablet dispersible</i>	2	
<i>clorazepate dipotassium</i>	2	
<i>diazepam intensol</i>	2	
<i>diazepam oral concentrate</i>	2	
<i>diazepam oral solution 5 mg/5ml</i>	2	
<i>diazepam oral tablet</i>	1	
LORAZEPAM INTENSOL	2	
<i>lorazepam oral tablet</i>	1	
Bipolar Agents		
Mood Stabilizers		
<i>carbamazepine er oral capsule extended release 12 hour</i>	2	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	2	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	2	
<i>divalproex sodium oral tablet delayed release</i>	2	
<i>lithium carbonate er</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
<i>lithium carbonate oral</i>	1	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose oral</i>	2	
ADLYXIN	4	
ADLYXIN STARTER PACK	4	
BYDUREON BCISE	3	QL (3.4 ML per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
CYCLOSET	4	
FARXIGA	3	QL (30 EA per 30 days)
<i>glimepiride</i>	1	
<i>glipizide er</i>	1	
<i>glipizide oral</i>	1	
<i>glipizide-metformin hcl</i>	2	
GLYXAMBI	3	QL (30 EA per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	3	QL (0.4 ML per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	3	QL (0.8 ML per 30 days)
GVOKE KIT	3	QL (0.8 ML per 30 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML	3	QL (0.4 ML per 30 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	3	QL (0.8 ML per 30 days)
INVOKAMET	4	ST
INVOKAMET XR	4	ST; QL (60 EA per 30 days)
INVOKANA	4	ST; QL (30 EA per 30 days)
JANUMET	3	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-500 MG	3	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG	3	QL (60 EA per 30 days)
JANUVIA	3	QL (30 EA per 30 days)
JARDIANCE	3	
JENTADUETO	3	QL (60 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
JENTADUETO XR	3	QL (30 EA per 30 days)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	4	ST; QL (60 EA per 30 days)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	4	ST; QL (30 EA per 30 days)
<i>metformin hcl er</i>	1	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	1	
<i>miglitol</i>	4	
MOUNJARO	3	
<i>nateglinide</i>	2	
ONGLYZA	4	ST
OZEMPIC (0.25 OR 0.5 MG/DOSE)	4	ST
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	4	ST
OZEMPIC (2 MG/DOSE)	4	ST
<i>pioglitazone hcl</i>	2	
<i>pioglitazone hcl-glimepiride</i>	2	
<i>pioglitazone hcl-metformin hcl</i>	2	
QTERN ORAL TABLET 10-5 MG	4	QL (30 EA per 30 days)
<i>repaglinide</i>	2	
SEGLUROMET ORAL TABLET 2.5-1000 MG, 7.5-1000 MG, 7.5-500 MG	4	ST; QL (60 EA per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	4	ST; QL (120 EA per 30 days)
STEGLATRO	4	ST; QL (30 EA per 30 days)
STEGLUJAN	4	QL (30 EA per 30 days)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	ST; QL (10.8 ML per 30 days)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	ST; QL (12 ML per 30 days)
SYNJARDY	3	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	3	QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	3	QL (60 EA per 30 days)
TRADJENTA	3	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	3	QL (30 EA per 30 days)

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TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	3	QL (60 EA per 30 days)
TRULICITY	3	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	ST
XIGDUO XR	3	
XULTOPHY	3	
Glycemic Agents		
BAQSIMI ONE PACK	3	QL (2 EA per 30 days)
BAQSIMI TWO PACK	3	QL (2 EA per 30 days)
<i>diazoxide oral</i>	5	
GLUCAGEN HYPOKIT	3	
<i>glucagon emergency injection kit</i>	3	
KORLYM	5	PA; QL (120 EA per 30 days)
Insulins		
APIDRA	4	ST
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	ST
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	4	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	4	
CVS GAUZE STERILE PAD 2"X2"	3	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	4	
FIASP	4	ST
FIASP FLEXTOUCH	4	ST
FIASP PENFILL	4	ST
HUMALOG	2	SI
HUMALOG JUNIOR KWIKPEN	2	SI
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	SI
HUMALOG MIX 50/50	2	SI
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	SI
HUMALOG MIX 75/25	2	SI

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Drug Name	Drug Tiers	Requirements/Limits
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	SI
HUMULIN 70/30	2	SI
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	SI
HUMULIN N	2	SI
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	SI
HUMULIN R	2	SI
HUMULIN R U-500 (CONCENTRATED)	5	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	
<i>insulin asp prot & asp flexpen</i>	4	ST
<i>insulin aspart</i>	4	ST
<i>insulin aspart flexpen</i>	4	ST
<i>insulin aspart penfill</i>	4	ST
<i>insulin aspart prot & aspart</i>	4	ST
LANTUS	3	SI
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	SI
LYUMJEV	2	SI
LYUMJEV KWIKPEN	2	SI
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	4	
RELI-ON INSULIN SYRINGE 29G 0.3 ML	4	
SOLIQUA	3	
TOUJEO MAX SOLOSTAR	3	SI
TOUJEO SOLOSTAR	3	SI
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
Blood Products And Modifiers		
Anticoagulants		
<i>dabigatran etexilate mesylate</i>	4	QL (60 EA per 30 days)
ELIQUIS	3	QL (74 EA per 30 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	3	QL (74 EA per 30 days)

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<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	4	QL (60 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	4	QL (48 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	4	QL (18 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	4	QL (24 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	4	QL (36 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	5	QL (24 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	4	QL (15 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	5	QL (12 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	5	QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 7500 UNIT/0.3ML	5	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	4	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	2	HI
<i>jantoven</i>	1	
PRADAXA ORAL CAPSULE 110 MG	4	QL (60 EA per 30 days)
SAVAYSA	4	QL (30 EA per 30 days)
<i>warfarin sodium oral</i>	1	
XARELTO ORAL SUSPENSION RECONSTITUTED	3	QL (620 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 EA per 30 days)
XARELTO STARTER PACK	3	
Blood Products And Modifiers, Other		
<i>anagrelide hcl</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 60 MCG/ML	5	B/D
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML	4	B/D
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML	4	B/D
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML, 60 MCG/0.3ML	5	B/D
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	B/D
LEUKINE INJECTION SOLUTION RECONSTITUTED	5	
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	5	PA
NYVEPRIA	5	
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML	3	B/D
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	5	B/D
PROCRIT INJECTION SOLUTION 4000 UNIT/ML	4	B/D
PROMACTA	5	PA; LA
PYRUKYND	5	PA; QL (56 EA per 28 days)
PYRUKYND TAPER PACK	5	PA; QL (56 EA per 28 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	4	B/D
Hemostasis Agents		
<i>tranexamic acid oral</i>	2	
Platelet Modifying Agents		
<i>aspirin-dipyridamole er</i>	2	
BRILINTA	3	QL (60 EA per 30 days)
<i>cilostazol</i>	2	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	

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Drug Name	Drug Tiers	Requirements/Limits
<i>prasugrel hcl</i>	3	
Cardiovascular Agents		
Alpha-Adrenergic Agonists		
<i>clonidine</i>	2	
<i>clonidine hcl oral</i>	1	
<i>droxidopa</i>	5	PA
<i>midodrine hcl</i>	2	
Alpha-Adrenergic Blocking Agents		
<i>doxazosin mesylate oral</i>	2	
<i>prazosin hcl oral</i>	2	
<i>terazosin hcl oral</i>	1	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	2	
<i>irbesartan</i>	2	
<i>losartan potassium oral</i>	1	
<i>olmesartan medoxomil oral</i>	2	
<i>telmisartan</i>	2	
<i>telmisartan-hctz oral tablet 80-12.5 mg</i>	2	
<i>valsartan oral tablet</i>	2	
Angiotensin-Converting Enzyme (Ace) Inhibitors		
<i>benazepril hcl oral</i>	1	
<i>captopril oral</i>	1	
<i>enalapril maleate oral tablet</i>	1	
<i>fosinopril sodium</i>	2	
<i>lisinopril oral</i>	1	
<i>moexipril hcl</i>	2	
<i>perindopril erbumine</i>	2	
<i>quinapril hcl</i>	2	
<i>ramipril oral capsule 1.25 mg, 10 mg, 5 mg</i>	2	
<i>ramipril oral capsule 2.5 mg</i>	1	
<i>trandolapril</i>	2	
Antiarrhythmics		
<i>amiodarone hcl oral tablet 200 mg</i>	2	
<i>disopyramide phosphate oral</i>	2	
<i>dofetilide</i>	4	

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Drug Name	Drug Tiers	Requirements/Limits
<i>flecainide acetate</i>	2	
<i>mexiletine hcl oral</i>	2	
MULTAQ	3	
<i>pacerone oral tablet 200 mg</i>	2	
<i>propafenone hcl</i>	2	
<i>propafenone hcl er</i>	4	
<i>quinidine gluconate er</i>	4	
<i>quinidine sulfate oral</i>	2	
SORINE	2	
<i>sotalol hcl (af)</i>	2	
<i>sotalol hcl oral</i>	2	
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral</i>	2	
<i>atenolol oral</i>	1	
<i>betaxolol hcl oral</i>	2	
<i>bisoprolol fumarate oral</i>	2	
<i>carvedilol</i>	1	
<i>carvedilol phosphate er</i>	4	
<i>labetalol hcl oral</i>	2	
<i>metoprolol succinate er</i>	2	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>nebivolol hcl</i>	4	
<i>pindolol</i>	2	
<i>propranolol hcl er</i>	2	
<i>propranolol hcl oral solution</i>	2	
<i>propranolol hcl oral tablet</i>	1	
<i>timolol maleate oral</i>	2	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate oral</i>	1	
<i>felodipine er</i>	2	
<i>isradipine</i>	2	
<i>nicardipine hcl oral</i>	4	
<i>nifedipine er</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
<i>nifedipine er osmotic release</i>	2	
<i>nimodipine oral</i>	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt</i>	2	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	2	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	2	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	2	
<i>diltiazem hcl oral tablet 120 mg, 60 mg, 90 mg</i>	2	
<i>diltiazem hcl oral tablet 30 mg</i>	1	
<i>dilt-xr</i>	2	
<i>taztia xt</i>	2	
<i>verapamil hcl er</i>	2	
<i>verapamil hcl oral</i>	1	
Cardiovascular Agents, Other		
<i>acetazolamide oral</i>	2	
<i>aliskiren fumarate</i>	4	
<i>amiloride-hydrochlorothiazide</i>	2	
<i>amlodipine besy-benazepril hcl</i>	2	
<i>amlodipine besylate-valsartan</i>	2	
<i>amlodipine-atorvastatin</i>	2	
<i>amlodipine-olmesartan</i>	2	
<i>amlodipine-valsartan-hctz</i>	2	
<i>atenolol-chlorthalidone</i>	1	
<i>benazepril-hydrochlorothiazide</i>	2	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>candesartan cilexetil-hctz</i>	2	
<i>captopril-hydrochlorothiazide</i>	2	
CORLANOR	4	
DIGITEK	4	
<i>digoxin oral solution</i>	4	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	4	
<i>enalapril-hydrochlorothiazide</i>	2	
ENTRESTO	3	QL (60 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
<i>fosinopril sodium-hctz</i>	2	
<i>irbesartan-hydrochlorothiazide</i>	2	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan potassium-hctz</i>	1	
<i>metoprolol-hydrochlorothiazide</i>	2	
<i>metyrosine</i>	4	
NEXLETOL	4	PA; QL (30 EA per 30 days)
NEXLIZET	4	PA; QL (30 EA per 30 days)
<i>olmesartan medoxomil-hctz</i>	2	
<i>olmesartan-amlodipine-hctz</i>	2	
ORLADEYO	5	PA; QL (30 EA per 30 days)
<i>pentoxifylline er</i>	2	
<i>propranolol-hctz</i>	2	
<i>quinapril-hydrochlorothiazide</i>	2	
<i>ranolazine er</i>	2	
<i>spironolactone-hctz</i>	2	
TEKTURNA HCT	4	
<i>telmisartan-amlodipine</i>	2	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg</i>	2	
<i>trandolapril-verapamil hcl er</i>	2	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	2	
<i>triamterene-hctz oral tablet</i>	2	
<i>valsartan-hydrochlorothiazide</i>	2	
VECAMYL	5	
VERQUVO	4	PA; QL (30 EA per 30 days)
Diuretics, Loop		
<i>bumetanide oral</i>	1	
<i>ethacrynic acid oral</i>	4	
<i>furosemide injection solution 10 mg/ml</i>	4	HI
<i>furosemide oral solution 10 mg/ml</i>	2	
<i>furosemide oral solution 8 mg/ml</i>	1	
<i>furosemide oral tablet</i>	1	
<i>toremide oral tablet 10 mg, 20 mg</i>	1	
<i>toremide oral tablet 100 mg, 5 mg</i>	2	
Diuretics, Potassium-Sparing		
<i>amiloride hcl oral</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
<i>eplerenone</i>	2	
KERENDIA	4	PA; QL (30 EA per 30 days)
<i>spironolactone oral tablet 100 mg, 50 mg</i>	2	
<i>spironolactone oral tablet 25 mg</i>	1	
<i>triamterene oral</i>	4	
Diuretics, Thiazide		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
<i>hydrochlorothiazide oral</i>	1	
<i>indapamide oral</i>	1	
<i>metolazone</i>	2	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	2	
<i>fenofibrate oral capsule 134 mg</i>	2	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	2	
<i>fenofibric acid oral capsule delayed release</i>	2	
<i>gemfibrozil oral</i>	1	
Dyslipidemics, Hmg Coa Reductase Inhibitors		
<i>atorvastatin calcium oral tablet 10 mg</i>	1	
<i>atorvastatin calcium oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>fluvastatin sodium</i>	4	
<i>fluvastatin sodium er</i>	4	
<i>lovastatin oral</i>	1	
<i>pravastatin sodium</i>	2	
<i>rosuvastatin calcium</i>	2	
<i>simvastatin oral tablet</i>	1	
Dyslipidemics, Other		
<i>cholestyramine light oral packet</i>	2	
<i>cholestyramine oral packet</i>	2	
<i>colesevelam hcl oral packet</i>	4	
<i>colesevelam hcl oral tablet</i>	3	
<i>colestipol hcl oral packet</i>	2	
<i>colestipol hcl oral tablet</i>	2	
EVKEEZA	5	PA

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Drug Name	Drug Tiers	Requirements/Limits
<i>ezetimibe</i>	2	
<i>ezetimibe-rosuvastatin</i>	2	QL (30 EA per 30 days)
<i>ezetimibe-simvastatin</i>	2	
<i>icosapent ethyl</i>	4	PA
LEQVIO	5	PA; QL (4.5 ML per 365 days)
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg</i>	2	QL (60 EA per 30 days)
<i>niacin er (antihyperlipidemic) oral tablet extended release 500 mg, 750 mg</i>	2	QL (30 EA per 30 days)
<i>omega-3-acid ethyl esters</i>	2	
<i>prevalite oral packet</i>	2	
REPATHA	4	PA; QL (2 ML per 28 days)
REPATHA PUSHTRONEX SYSTEM	4	PA; QL (3.5 ML per 30 days)
REPATHA SURECLICK	4	PA; QL (2 ML per 28 days)
Vasodilators, Direct-Acting Arterial/Venous		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
NITRO-BID	3	
<i>nitroglycerin sublingual</i>	2	
<i>nitroglycerin transdermal patch 24 hour</i>	2	
<i>nitroglycerin translingual solution</i>	2	
RECTIV	4	QL (30 GM per 30 days)
Vasodilators, Direct-Acting Arterial		
<i>hydralazine hcl oral</i>	1	
<i>minoxidil oral</i>	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 25 mg, 5 mg</i>	4	QL (30 EA per 30 days)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 30 mg</i>	4	QL (60 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 5 mg, 7.5 mg</i>	2	QL (120 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
<i>amphetamine-dextroamphetamine oral tablet 20 mg</i>	2	QL (90 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	2	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i>	2	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	2	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	2	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	2	QL (60 EA per 30 days)
VYVANSE	4	QL (30 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	2	QL (60 EA per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	2	QL (30 EA per 30 days)
<i>clonidine hcl er oral tablet extended release 12 hour</i>	2	
<i>dexmethylphenidate hcl</i>	4	QL (60 EA per 30 days)
<i>dexmethylphenidate hcl er</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hcl er (cd)</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 36 mg, 54 mg, 72 mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 27 mg</i>	4	QL (60 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 36 mg, 54 mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 27 mg</i>	4	QL (60 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	2	QL (1500 ML per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	2	QL (3000 ML per 30 days)
<i>methylphenidate hcl oral tablet</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable</i>	2	
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	4	PA; QL (30 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	4	PA; QL (90 EA per 30 days)
Central Nervous System, Other		
AUSTEDO ORAL TABLET 12 MG	5	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; QL (60 EA per 30 days)
AUSTEDO ORAL TABLET 9 MG	5	PA; QL (150 EA per 30 days)
EVRYSDI	5	PA; QL (240 ML per 30 days)
FIRDAPSE	5	PA; QL (240 EA per 30 days)
INGREZZA	5	PA; QL (30 EA per 30 days)
NUDEXTA	5	PA; QL (60 EA per 30 days)
RADICAVA ORS	5	PA; QL (70 ML per 28 days)
RADICAVA ORS STARTER KIT	5	PA; QL (70 ML per 28 days)
<i>riluzole</i>	2	
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; QL (90 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; QL (120 EA per 30 days)
Fibromyalgia Agents		
<i>duloxetine hcl oral capsule delayed release particles 20 mg</i>	2	QL (180 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	2	QL (120 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	2	QL (30 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>	2	QL (60 EA per 30 days)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	QL (60 EA per 30 days)
<i>pregabalin oral solution</i>	2	
Multiple Sclerosis Agents		
AUBAGIO	5	PA
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	5	PA
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	5	PA
<i>dalfampridine er</i>	5	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate oral</i>	5	PA
<i>dimethyl fumarate starter pack</i>	5	PA
<i>fingolimod hcl</i>	5	PA

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Drug Name	Drug Tiers	Requirements/Limits
<i>glatiramer acetate</i>	5	PA
GLATOPA	5	PA
KESIMPTA	5	PA
MAVENCLAD (10 TABS)	5	PA; QL (40 EA per 365 days)
MAVENCLAD (4 TABS)	5	PA; QL (20 EA per 365 days)
MAVENCLAD (5 TABS)	5	PA; QL (20 EA per 365 days)
MAVENCLAD (6 TABS)	5	PA; QL (24 EA per 365 days)
MAVENCLAD (7 TABS)	5	PA; QL (28 EA per 365 days)
MAVENCLAD (8 TABS)	5	PA; QL (20 EA per 365 days)
MAVENCLAD (9 TABS)	5	PA; QL (20 EA per 365 days)
MAYZENT ORAL TABLET 0.25 MG	5	PA; QL (120 EA per 30 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; QL (30 EA per 30 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG	4	PA
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	5	PA
PLEGRIDY	5	PA; QL (1 ML per 28 days)
PLEGRIDY STARTER PACK	5	PA; QL (1 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
ZEPOSIA	5	PA; QL (30 EA per 30 days)
ZEPOSIA 7-DAY STARTER PACK	5	PA; QL (14 EA per 365 days)
ZEPOSIA STARTER KIT	5	PA; QL (74 EA per 365 days)
Dental And Oral Agents		
Dental And Oral Agents		
<i>cevimeline hcl</i>	2	
<i>chlorhexidine gluconate mouth/throat</i>	2	
<i>denta 5000 plus</i>	2	
<i>pilocarpine hcl oral tablet 5 mg</i>	2	QL (180 EA per 30 days)
<i>pilocarpine hcl oral tablet 7.5 mg</i>	2	QL (120 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
<i>sf</i>	2	
<i>sf 5000 plus</i>	2	
<i>triamcinolone acetonide mouth/throat</i>	2	
Dermatological Agents		
Acne And Rosacea Agents		
<i>acitretin</i>	4	
<i>adapalene external gel 0.1 %</i>	2	
<i>adapalene external gel 0.3 %</i>	4	
<i>amneesteem</i>	3	
<i>azelaic acid external</i>	2	
<i>beser external lotion</i>	2	
CLARAVIS	3	
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	2	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	3	
<i>tazarotene external cream</i>	4	
<i>tretinoin external cream</i>	2	
<i>tretinoin external gel 0.01 %, 0.025 %</i>	2	
<i>tretinoin external gel 0.05 %</i>	4	
Dermatitis And Pruitus Agents		
<i>alclometasone dipropionate</i>	2	
<i>ammonium lactate external</i>	2	
<i>betamethasone dipropionate aug external gel</i>	2	QL (50 GM per 30 days)
<i>betamethasone dipropionate aug external lotion</i>	2	QL (60 ML per 30 days)
<i>betamethasone dipropionate aug external ointment</i>	2	QL (50 GM per 30 days)
<i>betamethasone dipropionate external cream</i>	2	
<i>betamethasone dipropionate external lotion</i>	2	
<i>betamethasone valerate external cream</i>	2	
<i>betamethasone valerate external lotion</i>	2	QL (60 ML per 30 days)
<i>betamethasone valerate external ointment</i>	2	
<i>calcipotriene-betameth diprop external ointment</i>	4	
<i>clobetasol prop emollient base</i>	2	QL (60 GM per 30 days)
<i>clobetasol propionate e</i>	2	QL (60 GM per 30 days)
<i>clobetasol propionate external cream</i>	2	QL (60 GM per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
<i>clobetasol propionate external gel</i>	2	
<i>clobetasol propionate external lotion</i>	4	QL (118 ML per 30 days)
<i>clobetasol propionate external ointment</i>	2	QL (60 GM per 30 days)
<i>clobetasol propionate external shampoo</i>	4	QL (118 ML per 30 days)
<i>clobetasol propionate external solution</i>	2	
<i>desonide external cream</i>	2	QL (120 GM per 30 days)
<i>desonide external ointment</i>	2	QL (120 GM per 30 days)
<i>desoximetasone external cream 0.25 %</i>	4	QL (60 GM per 30 days)
<i>desoximetasone external ointment 0.25 %</i>	4	QL (60 GM per 30 days)
<i>doxepin hcl external</i>	4	QL (90 GM per 365 days)
ENSTILAR	5	
<i>fluocinolone acetonide external</i>	2	
<i>fluocinolone acetonide scalp</i>	2	
<i>fluocinonide emulsified base</i>	2	
<i>fluocinonide external cream 0.05 %</i>	2	
<i>fluocinonide external gel</i>	2	
<i>fluocinonide external ointment</i>	2	
<i>fluocinonide external solution</i>	2	QL (60 ML per 30 days)
<i>fluticasone propionate external cream</i>	2	
<i>fluticasone propionate external ointment</i>	2	
<i>halobetasol propionate external cream</i>	4	QL (50 GM per 30 days)
<i>halobetasol propionate external ointment</i>	4	QL (50 GM per 30 days)
<i>hydrocortisone (perianal) external cream 2.5 %</i>	2	
<i>hydrocortisone butyr lipo base</i>	2	
<i>hydrocortisone butyrate external cream</i>	2	
<i>hydrocortisone butyrate external solution</i>	2	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	2	
<i>hydrocortisone external lotion 2.5 %</i>	2	
<i>hydrocortisone external ointment 2.5 %</i>	2	
<i>hydrocortisone valerate external cream</i>	4	QL (120 GM per 30 days)
<i>hydrocortisone valerate external ointment</i>	4	
<i>mometasone furoate external</i>	2	
<i>pimecrolimus</i>	3	QL (30 GM per 30 days)
<i>prednicarbate</i>	2	
<i>procto-med hc external</i>	2	
<i>procto-pak external</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
<i>proctosol hc external</i>	2	
PROCTOZONE-HC EXTERNAL	2	
<i>selenium sulfide external lotion</i>	2	
<i>tacrolimus external ointment</i>	4	QL (100 GM per 30 days)
<i>triamcinolone acetonide external cream</i>	2	
<i>triamcinolone acetonide external lotion</i>	2	
<i>triamcinolone acetonide external ointment 0.025 % , 0.1 % , 0.5 %</i>	2	
TRIDERM EXTERNAL CREAM 0.1 %	2	
XERESE	4	QL (5 GM per 30 days)
Dermatological Agents, Other		
<i>calcipotriene external cream</i>	2	QL (120 GM per 30 days)
<i>calcipotriene external ointment</i>	2	QL (120 GM per 30 days)
<i>calcipotriene external solution</i>	2	QL (120 ML per 30 days)
<i>calcitriol external</i>	4	ST
<i>clotrimazole-betamethasone</i>	2	QL (120 GM per 30 days)
<i>fluorouracil external cream 5 %</i>	2	QL (80 GM per 30 days)
<i>fluorouracil external solution</i>	2	
<i>global alcohol prep ease</i>	2	
<i>imiquimod external cream 5 %</i>	2	
KLISYRI	5	ST; QL (5 EA per 180 days)
<i>methoxsalen rapid</i>	5	
<i>nystatin-triamcinolone</i>	2	
OTEZLA ORAL TABLET	5	PA; QL (60 EA per 30 days)
PANRETIN	5	PA; QL (60 GM per 30 days)
<i>podofilox external</i>	2	
SANTYL	3	QL (60 GM per 30 days)
<i>silver sulfadiazine external</i>	2	
<i>ssd</i>	2	
SSD (SILVER SULFADIAZINE)	2	
Pediculicides/Scabicides		
<i>ivermectin external cream</i>	4	
<i>permethrin external cream</i>	2	
Topical Anti-Infectives		
<i>acyclovir external ointment</i>	2	QL (30 GM per 30 days)
<i>ciclopirox external gel</i>	2	QL (100 GM per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
<i>ciclopirox external shampoo</i>	2	QL (120 ML per 30 days)
<i>ciclopirox external solution</i>	2	QL (13.2 ML per 30 days)
<i>clindamycin phosphate external gel</i>	2	
<i>clindamycin phosphate external lotion</i>	2	
<i>clindamycin phosphate external solution</i>	2	QL (180 ML per 30 days)
<i>ery</i>	2	
<i>erythromycin external gel</i>	2	
<i>erythromycin external solution</i>	2	
<i>mupirocin calcium</i>	4	QL (60 GM per 30 days)
<i>mupirocin external</i>	2	QL (220 GM per 30 days)
SULFAMYLON EXTERNAL CREAM	4	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
<i>carglumic acid oral tablet soluble</i>	5	PA; LA
DOJOLVI	5	PA
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%, 20-5-0.45 meq/l-%, 30-5-0.45 meq/l-%, 40-5-0.45 meq/l-%</i>	2	
<i>kcl-lactated ringers-d5w</i>	2	
KLOR-CON 10	2	
KLOR-CON M10	2	
KLOR-CON M15	2	
KLOR-CON M20	2	
KLOR-CON ORAL TABLET EXTENDED RELEASE	2	
KLOR-CON/EF	2	
NORMOSOL-M IN D5W	2	
NORMOSOL-R	3	
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	2	
<i>potassium chloride er</i>	2	
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%</i>	2	
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 20 meq/100ml, 40 meq/100ml</i>	2	HI
<i>potassium chloride oral packet</i>	4	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	4	
<i>potassium citrate er</i>	2	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %</i>	2	HI
<i>sodium chloride irrigation solution 0.9 %</i>	2	
SUPREP BOWEL PREP KIT	4	
Electrolyte/Mineral/Metal Modifiers		
CLINIMIX E/DEXTROSE (4.25/10)	3	B/D
<i>deferasirox oral tablet</i>	5	
<i>deferasirox oral tablet soluble 125 mg</i>	4	
<i>deferasirox oral tablet soluble 250 mg, 500 mg</i>	5	
<i>deferiprone oral tablet 500 mg</i>	5	
<i>klor-con oral packet 20 meq</i>	2	
<i>potassium chloride crys er oral tablet extended release 15 meq</i>	2	
<i>tolvaptan</i>	5	PA
<i>trientine hcl</i>	2	
Electrolytes/Minerals/Metals/Vitamins		
AMINOSYN-PF	3	B/D
CLINIMIX E/DEXTROSE (2.75/5)	3	B/D
CLINIMIX E/DEXTROSE (4.25/5)	3	B/D
CLINIMIX E/DEXTROSE (5/15)	3	B/D
CLINIMIX E/DEXTROSE (5/20)	3	B/D
CLINIMIX/DEXTROSE (4.25/10)	3	B/D
CLINIMIX/DEXTROSE (4.25/5)	3	B/D
CLINIMIX/DEXTROSE (5/15)	3	B/D
CLINIMIX/DEXTROSE (5/20)	3	B/D
<i>dextrose intravenous solution 10 %, 5 %</i>	2	
<i>dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	2	
INTRALIPID	3	B/D
<i>levocarnitine oral solution</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
<i>levocarnitine oral tablet</i>	2	
PREMASOL INTRAVENOUS SOLUTION 10 %	3	B/D
PROCALAMINE	3	B/D
TROPHAMINE INTRAVENOUS SOLUTION 10 %	3	B/D
Phosphate Binders		
AURYXIA	4	PA
<i>calcium acetate (phos binder)</i>	2	
<i>calcium acetate oral tablet 667 mg</i>	2	
<i>lanthanum carbonate</i>	5	
<i>sevelamer carbonate oral tablet</i>	4	
Potassium Binders		
LOKELMA ORAL PACKET 10 GM	4	QL (90 EA per 30 days)
LOKELMA ORAL PACKET 5 GM	4	QL (30 EA per 30 days)
<i>sodium polystyrene sulfonate oral powder</i>	2	
SPS	2	
VELTASSA	4	ST; QL (30 EA per 30 days)
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n with flavor pack</i>	2	
<i>generlac</i>	2	
<i>lactulose oral solution 10 gm/15ml</i>	2	
LINZESS	3	QL (30 EA per 30 days)
<i>lubiprostone</i>	4	
MOVANTIK	4	ST; QL (30 EA per 30 days)
<i>peg 3350-kcl-na bicarb-nacl</i>	2	
<i>peg-3350/electrolytes</i>	2	
RELISTOR ORAL	5	PA; QL (90 EA per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION	5	PA
Anti-Diarrheal Agents		
<i>alosetron hcl</i>	5	
<i>diphenoxylate-atropine oral liquid</i>	4	

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Drug Name	Drug Tiers	Requirements/Limits
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	4	
<i>loperamide hcl oral capsule</i>	2	
XERMELO	5	PA
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl oral capsule</i>	1	
<i>dicyclomine hcl oral solution</i>	2	
<i>dicyclomine hcl oral tablet</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>methscopolamine bromide oral</i>	4	
Gastrointestinal Agents, Other		
<i>amoxicill-clarithro-lansopraz</i>	4	
GATTEX	5	PA
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	2	
<i>metoclopramide hcl oral tablet</i>	1	
<i>metoclopramide hcl oral tablet dispersible</i>	4	
MYALEPT	5	PA
OALIVA	5	PA; QL (30 EA per 30 days)
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet</i>	2	
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	2	
<i>cimetidine oral</i>	2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>nizatidine oral capsule</i>	2	
Protectants		
<i>misoprostol oral</i>	2	
<i>sucralfate oral suspension</i>	4	
<i>sucralfate oral tablet</i>	2	
Proton Pump Inhibitors		
<i>esomeprazole magnesium oral capsule delayed release</i>	4	
<i>lansoprazole oral capsule delayed release</i>	2	
<i>omeprazole oral capsule delayed release 10 mg, 40 mg</i>	2	
<i>omeprazole oral capsule delayed release 20 mg</i>	1	
<i>pantoprazole sodium oral tablet delayed release</i>	1	

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Drug Name	Drug Tiers	Requirements/Limits
<i>rabeprazole sodium oral tablet delayed release</i>	4	
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
AMVUTTRA	5	PA; LA; QL (0.5 ML per 90 days)
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	PA; LA
<i>betaine</i>	5	LA
CERDELGA	5	QL (60 EA per 30 days)
CHOLBAM	5	PA
CREON	3	
<i>cromolyn sodium oral</i>	2	
CYSTAGON	3	LA
GALAFOLD	5	PA; QL (14 EA per 28 days)
GLASSIA	5	PA; LA
KEVEYIS	5	PA
LUMIZYME	5	PA
<i>miglustat</i>	5	
<i>nitisinone</i>	5	
NULIBRY	5	PA
ORFADIN ORAL CAPSULE 20 MG	5	LA
ORFADIN ORAL SUSPENSION	5	LA
PANCREAZE	4	ST
PROCYSBI ORAL PACKET	5	
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LA
RAVICTI	5	PA
RUZURGI	5	PA; QL (300 EA per 30 days)
<i>sapropterin dihydrochloride</i>	5	
<i>sodium phenylbutyrate oral powder 3 gml/tsp</i>	5	
<i>sodium phenylbutyrate oral tablet</i>	5	
SUCRAID	5	LA
TEGSEDI	5	PA; QL (6 ML per 28 days)
VIJOICE	5	PA; QL (56 EA per 28 days)
VIOKACE	4	ST
VYNDAQEL	5	PA; QL (120 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
ZEMAIRA	5	PA; LA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	4	ST
Genitourinary Agents		
Antispasmodics, Urinary		
<i>darifenacin hydrobromide er</i>	4	
<i>fesoterodine fumarate er</i>	3	
<i>flavoxate hcl</i>	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
<i>oxybutynin chloride er</i>	2	
<i>oxybutynin chloride oral</i>	2	
<i>solifenacin succinate</i>	2	
<i>tolterodine tartrate</i>	2	
<i>tolterodine tartrate er</i>	2	
TOVIAZ	3	
<i>tropium chloride</i>	2	
<i>tropium chloride er</i>	2	
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er</i>	2	
<i>dutasteride oral</i>	2	
<i>dutasteride-tamsulosin hcl</i>	2	
<i>finasteride oral tablet 5 mg</i>	2	
<i>silodosin</i>	3	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	4	PA; QL (30 EA per 30 days)
<i>tamsulosin hcl</i>	1	
Genitourinary Agents, Other		
<i>bethanechol chloride oral</i>	2	
ELMIRON	4	
<i>methylergonovine maleate oral</i>	2	
<i>penicillamine oral tablet</i>	4	PA

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Drug Name	Drug Tiers	Requirements/Limits
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)</i>		
CORTROPHIN	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>		
ACTHAR	5	PA
<i>betamethasone dipropionate aug external cream</i>	2	
<i>betamethasone dipropionate external ointment</i>	2	
DEXAMETHASONE INTENSOL	2	
<i>dexamethasone oral elixir</i>	2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg</i>	1	
<i>dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg, 6 mg</i>	2	
<i>dexamethasone oral tablet therapy pack</i>	4	
<i>dexamethasone sodium phosphate injection solution 120 mg/30ml</i>	2	
<i>fludrocortisone acetate oral</i>	2	
HEMADY	4	PA; QL (30 EA per 30 days)
<i>hydrocortisone oral</i>	2	
ISTURISA ORAL TABLET 1 MG	5	PA; QL (240 EA per 30 days)
ISTURISA ORAL TABLET 10 MG	5	PA; QL (180 EA per 30 days)
ISTURISA ORAL TABLET 5 MG	5	PA; QL (90 EA per 30 days)
<i>methylprednisolone oral</i>	2	
<i>prednisolone oral solution</i>	2	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml</i>	4	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 6.7 (5 base) mg/5ml</i>	2	
PREDNISON INTENSOL	2	
<i>prednisone oral solution</i>	2	
<i>prednisone oral tablet</i>	1	
<i>prednisone oral tablet therapy pack</i>	1	

T1-Preferred generic; **T2**-Generic; **T3**-Preferred brand; **T4**-Non-preferred drug; **T5**-Specialty

B/D-Part B vs. Part D; **EA**-Each; **HI**-Home Infusion; **LA**-Limited Availability; **PA**-Prior Authorization; **QL**-Quantity Limits; **SI**-Select Insulins; **ST**-Step Therapy; **ML**-Milliliters; **GM**-Grams

Note: All drugs listed on the formulary are available via mail order. Tier 5 drugs are 30-day supply only. You can find information on what the abbreviations mean on page 7.

Drug Name	Drug Tiers	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>desmopressin ace spray refrig</i>	4	
<i>desmopressin acetate oral</i>	2	
<i>desmopressin acetate spray</i>	4	
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG	4	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	5	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE	5	PA
INCRELEX	5	LA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	5	PA; LA
VYNDAMAX	5	PA; QL (30 EA per 30 days)
ZORBTIVE	5	PA; LA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Anabolic Steroids		
<i>oxandrolone oral</i>	3	
Androgens		
AVEED	4	PA
<i>danazol oral</i>	3	
<i>methyltestosterone oral</i>	5	PA
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	2	
<i>testosterone enanthate intramuscular solution</i>	2	
<i>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	4	PA
<i>testosterone transdermal solution</i>	4	PA
Estrogens		
ALTAVERA	2	

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Drug Name	Drug Tiers	Requirements/Limits
<i>alyacen 1/35</i>	2	
<i>amabelz</i>	2	
AMETHIA	2	
APRI	2	
ARANELLE	2	
AVIANE	2	
BALZIVA	2	
CAMRESE LO	2	
CRYSELLE-28	2	
CYCLAFEM 1/35	2	
CYCLAFEM 7/7/7	2	
DEPO-ESTRADIOL	4	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	2	
<i>dotti</i>	2	
EMOQUETTE	2	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	2	
<i>estarylla</i>	2	
<i>estradiol oral</i>	2	
<i>estradiol transdermal patch twice weekly</i>	2	
<i>estradiol transdermal patch weekly</i>	2	
<i>estradiol vaginal cream</i>	2	
<i>estradiol vaginal tablet</i>	3	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	
<i>estradiol-norethindrone acet</i>	2	
ESTRING	3	
<i>ethynodiol diac-eth estradiol</i>	2	
FALMINA	2	
FEMRING	3	
FEMYNOR	2	
FYAVOLV	2	
ISIBLOOM	2	
JINTELI	2	
JUNEL 1.5/30	2	
JUNEL 1/20	2	

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Drug Name	Drug Tiers	Requirements/Limits
JUNEL FE 1.5/30	2	
JUNEL FE 1/20	2	
KARIVA	2	
KELNOR 1/35	2	
<i>kelnor 1/50</i>	2	
KURVELO	2	
LARIN FE 1.5/30	2	
LARIN FE 1/20	2	
LEENA	2	
LESSINA	2	
<i>levonorgest-eth est & eth est</i>	2	
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>	2	
LEVORA 0.15/30 (28)	2	
LORYNA	2	
LOW-OGESTREL	2	
LUTERA	2	
<i>lyllana</i>	2	
<i>marlissa</i>	2	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	4	
MICROGESTIN 1.5/30	2	
MICROGESTIN 1/20	2	
MICROGESTIN FE 1.5/30	2	
MICROGESTIN FE 1/20	2	
MIMVEY	2	
NECON 0.5/35 (28)	2	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	2	
<i>norethindrone-eth estradiol</i>	2	
<i>norethindron-ethinyl estrad-fe</i>	2	
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg</i>	2	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
<i>norgestim-eth estrad triphasic</i>	2	
NORTREL 0.5/35 (28)	2	
NORTREL 1/35 (21)	2	
NORTREL 1/35 (28)	2	
NORTREL 7/7/7	2	
<i>nylia 1/35</i>	2	
<i>nymyo</i>	2	
OCELLA	2	
PIRMELLA 1/35	2	
PORTIA-28	2	
PREMARIN VAGINAL	3	
PREVIFEM	2	
RECLIPSEN	2	
SPRINTEC 28	2	
SRONYX	2	
<i>syeda</i>	2	
<i>tri-estarylla</i>	2	
TRI-LEGEST FE	2	
TRI-LO-ESTARYLLA	2	
TRI-LO-SPRINTEC	2	
<i>tri-nymyo</i>	2	
TRI-SPRINTEC	2	
TRIVORA (28)	2	
<i>tri-vylibra</i>	2	
VELIVET	2	
<i>vylibra</i>	2	
XULANE	4	
YUVAFEM	4	
ZOVIA 1/35 (28)	2	
ZOVIA 1/35E (28)	2	
Progestins		
CAMILA	2	
CRINONE VAGINAL GEL 8 %	4	PA
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	4	
ERRIN	2	

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Drug Name	Drug Tiers	Requirements/Limits
<i>medroxyprogesterone acetate intramuscular</i>	2	
<i>medroxyprogesterone acetate oral</i>	1	
<i>megestrol acetate oral suspension 40 mg/ml</i>	2	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	4	
<i>megestrol acetate oral tablet</i>	2	
NORA-BE	2	
<i>norethindrone acetate oral</i>	2	
<i>norethindrone oral</i>	2	
<i>progesterone micronized oral</i>	2	
<i>progesterone oral</i>	2	
Selective Estrogen Receptor Modifying Agents		
<i>clomiphene citrate oral</i>	2	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>euthyrox</i>	1	
<i>levothyroxine sodium oral tablet</i>	1	
<i>levoxyl</i>	2	
<i>liothyronine sodium oral</i>	2	
SYNTHROID	4	
<i>unithroid</i>	2	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	5	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline</i>	2	
ELIGARD	4	
FIRMAGON (240 MG DOSE)	5	B/D
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	B/D
<i>leuprolide acetate injection</i>	2	
LUPANETA PACK COMBINATION KIT 11.25 & 5 MG	4	QL (1 EA per 90 days)

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Drug Name	Drug Tiers	Requirements/Limits
LUPANETA PACK COMBINATION KIT 3.75 & 5 MG	4	QL (1 EA per 30 days)
LUPRON DEPOT (1-MONTH)	5	
LUPRON DEPOT (3-MONTH)	5	
LUPRON DEPOT (4-MONTH)	5	
LUPRON DEPOT (6-MONTH)	5	
LUPRON DEPOT-PED (1-MONTH)	5	
LUPRON DEPOT-PED (3-MONTH)	5	
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	4	
<i>octreotide acetate subcutaneous</i>	4	
SANDOSTATIN LAR DEPOT	5	
SIGNIFOR	5	PA
SOMATULINE DEPOT	5	
SOMAVERT	5	LA
SYNAREL	5	
TRELSTAR MIXJECT	5	B/D
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole oral</i>	2	
<i>propylthiouracil oral</i>	2	
Immunological Agents		
Angioedema Agents		
<i>icatibant acetate</i>	5	PA
<i>sajazir</i>	5	PA
TAKHZYRO SUBCUTANEOUS SOLUTION	5	PA; LA; QL (4 ML per 30 days)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (4 ML per 30 days)
Immunoglobulins		
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	5	PA
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	5	PA
GAMMAGARD S/D LESS IGA	5	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	5	PA

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Drug Name	Drug Tiers	Requirements/Limits
PANZYGA	5	PA
<i>Immunological Agents, Other</i>		
ARCALYST	5	PA; LA
COSENTYX (300 MG DOSE)	5	PA; QL (5 ML per 28 days)
COSENTYX SENSOREADY (300 MG)	5	PA; QL (8 ML per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA
DUPIXENT	5	PA
<i>leflunomide oral</i>	2	
ORENCIA CLICKJECT	5	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	5	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	5	PA; QL (1.6 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	5	PA; QL (2.8 ML per 28 days)
REVCIVI	5	PA
RIDAURA	3	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG	5	PA; QL (30 EA per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG	5	PA; QL (56 EA per 365 days)
SKYRIZI (150 MG DOSE)	5	PA; QL (2 EA per 84 days)
SKYRIZI PEN	5	PA; QL (2 ML per 84 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA; QL (2.4 ML per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (2 ML per 84 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	5	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	5	PA; QL (1 ML per 28 days)
TAVNEOS	5	PA; QL (180 EA per 30 days)
XELJANZ ORAL SOLUTION	5	PA; QL (300 ML per 30 days)
XELJANZ ORAL TABLET	5	PA; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	5	PA; QL (30 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; LA
Immunostimulants		
ACTIMMUNE	5	PA
BESREMI	5	PA; QL (2 ML per 30 days)
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 50000000 UNIT	5	B/D
PEGASYS SUBCUTANEOUS SOLUTION	5	
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
Immunosuppressants		
ACTEMRA ACTPEN	5	PA; QL (3.6 ML per 28 days)
ACTEMRA SUBCUTANEOUS	5	PA; QL (3.6 ML per 28 days)
ASTAGRAF XL	4	B/D
AZASAN	4	B/D
<i>azathioprine oral tablet 100 mg, 75 mg</i>	4	B/D
<i>azathioprine oral tablet 50 mg</i>	2	B/D
BENLYSTA SUBCUTANEOUS	5	PA
CELLCEPT ORAL TABLET	5	B/D
<i>cyclosporine modified</i>	2	B/D
<i>cyclosporine oral capsule</i>	2	B/D
ENBREL MINI	5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	5	PA; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; QL (8 EA per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (8 ML per 28 days)
ENSPRYNG	5	PA; QL (2 ML per 30 days)
<i>everolimus oral tablet 0.25 mg</i>	4	B/D
<i>everolimus oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	5	B/D

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Drug Name	Drug Tiers	Requirements/Limits
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	5	PA
<i>everolimus oral tablet soluble 2 mg</i>	5	PA
GENGRAF ORAL CAPSULE 100 MG, 25 MG	2	B/D
GENGRAF ORAL SOLUTION	2	B/D
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	5	PA; QL (6 EA per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA; QL (4 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML	5	PA; QL (4 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	5	PA; QL (2 EA per 28 days)
HUMIRA PEN-CD/UC/HS STARTER	5	PA; QL (4 EA per 28 days)
HUMIRA PEN-PEDIATRIC UC START	5	PA; QL (4 EA per 28 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; QL (4 EA per 28 days)
HUMIRA PEN-PSOR/UEIT STARTER	5	PA; QL (4 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.8ML	5	PA; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	5	PA; QL (4 EA per 28 days)
LUPKYNIS	5	PA
<i>mercaptopurine oral</i>	2	
<i>methotrexate oral</i>	2	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	2	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	2	
<i>methotrexate sodium injection solution reconstituted</i>	2	
<i>mycophenolate mofetil oral capsule</i>	2	B/D
<i>mycophenolate mofetil oral suspension reconstituted</i>	5	B/D
<i>mycophenolate mofetil oral tablet</i>	2	B/D
<i>mycophenolate sodium</i>	4	B/D
OTEZLA ORAL TABLET THERAPY PACK	5	PA; QL (55 EA per 28 days)

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Drug Name	Drug Tiers	Requirements/Limits
PROGRAF ORAL PACKET	4	B/D
REZUROCK	5	PA; QL (30 EA per 30 days)
SANDIMMUNE ORAL SOLUTION	3	B/D
<i>sirolimus oral solution</i>	5	B/D
<i>sirolimus oral tablet</i>	4	B/D
<i>tacrolimus oral</i>	2	B/D
TREXALL	4	B/D
XATMEP	4	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	5	PA; QL (30 EA per 30 days)
Vaccines		
ACTHIB	3	
ADACEL	3	
<i>bcg vaccine injection solution reconstituted</i>	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	3	
DENGVAXIA	3	
<i>diphtheria-tetanus toxoids dt</i>	2	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	3	B/D
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	3	B/D
GARDASIL 9	3	
HAVRIX	3	
HIBERIX INJECTION	3	
IMOVAX RABIES	3	
INFANRIX	3	
IPOL	3	
IXIARO	3	
KINRIX	3	
MENACTRA	3	
<i>menquadfi</i>	3	
MENVEO	3	
M-M-R II INJECTION	3	

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Drug Name	Drug Tiers	Requirements/Limits
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	3	
PENTACEL	3	
PREHEVBRIO	3	B/D
PRIORIX	3	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
QUADRACEL	3	
RABAVERT	3	
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ ORAL SOLUTION	3	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	
TDVAX	3	
TENIVAC	3	
TICOVAC	3	
TRUMENBA	3	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
VARIZIG INTRAMUSCULAR SOLUTION	3	
YF-VAX	3	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
<i>balsalazide disodium</i>	2	
<i>mesalamine er oral capsule extended release</i>	4	
<i>mesalamine er oral capsule extended release 24 hour</i>	3	
<i>mesalamine oral capsule delayed release</i>	3	
<i>mesalamine oral tablet delayed release</i>	4	
<i>mesalamine rectal suppository</i>	4	
<i>sulfasalazine oral</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
Glucocorticoids		
<i>budesonide er oral tablet extended release 24 hour</i>	5	QL (30 EA per 30 days)
<i>budesonide oral</i>	4	
<i>hydrocortisone rectal enema</i>	2	
UCERIS RECTAL	4	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium oral solution</i>	2	
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	2	
<i>calcitonin (salmon) nasal</i>	2	
<i>calcitriol oral capsule</i>	2	
<i>cinacalcet hcl oral tablet 30 mg</i>	3	B/D
<i>cinacalcet hcl oral tablet 60 mg, 90 mg</i>	5	B/D
<i>doxercalciferol oral</i>	2	B/D
EVENITY	5	PA; QL (2.34 ML per 30 days)
<i>ibandronate sodium oral</i>	2	
NATPARA	5	PA
<i>paricalcitol oral capsule 1 mcg</i>	2	
<i>paricalcitol oral capsule 2 mcg, 4 mcg</i>	4	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
RAYALDEE	5	PA
<i>risedronate sodium oral tablet 150 mg</i>	2	QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 35 mg</i>	2	QL (4 EA per 28 days)
<i>risedronate sodium oral tablet 5 mg</i>	2	QL (30 EA per 30 days)
<i>risedronate sodium oral tablet delayed release</i>	2	
TERIPARATIDE (RECOMBINANT)	5	PA
TYMLOS	5	PA; QL (1.56 ML per 30 days)
VOXZOGO	5	PA; QL (30 EA per 30 days)
XGEVA	5	PA
Ophthalmic Agents		
Ophthalmic Prostaglandin And Prostanoid Analogs		
<i>bimatoprost ophthalmic</i>	2	
<i>latanoprost ophthalmic</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	4	ST
RHOPRESSA	3	
<i>travoprost (bak free)</i>	4	ST
Ophthalmic Agents, Other		
<i>atropine sulfate ophthalmic solution 1 %</i>	2	
<i>bacitra-neomycin-polymyxin-hc</i>	2	
BLEPHAMIDE	4	
BLEPHAMIDE S.O.P.	3	
CEQUA	4	QL (60 EA per 30 days)
CYSTADROPS	5	PA; QL (20 ML per 30 days)
CYSTARAN	5	PA; QL (60 ML per 28 days)
<i>dorzolamide hcl-timolol mal</i>	2	
<i>dorzolamide hcl-timolol mal pf</i>	2	
LACRISERT	4	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	2	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	2	
OXERVATE	5	PA
<i>polymyxin b-trimethoprim</i>	2	
PRED-G S.O.P.	3	
RESTASIS	3	QL (60 EA per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	QL (60 ML per 30 days)
ROCKLATAN	3	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	2	
TOBRADEX OPHTHALMIC OINTMENT	4	
<i>tobramycin-dexamethasone</i>	2	
Ophthalmic Anti-Allergy Agents		
<i>azelastine hcl ophthalmic</i>	2	
<i>cromolyn sodium ophthalmic</i>	2	
<i>epinastine hcl</i>	2	
<i>olopatadine hcl ophthalmic</i>	2	

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Ophthalmic Anti-Infectives		
AZASITE	4	
<i>bacitracin ophthalmic</i>	2	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	
CILOXAN OPHTHALMIC OINTMENT	3	
<i>ciprofloxacin hcl ophthalmic</i>	2	
<i>erythromycin ophthalmic</i>	2	QL (21 GM per 30 days)
<i>gatifloxacin ophthalmic</i>	4	
GENTAK OPHTHALMIC OINTMENT	2	
<i>gentamicin sulfate ophthalmic solution</i>	2	QL (30 ML per 30 days)
<i>levofloxacin ophthalmic</i>	2	
<i>moxifloxacin hcl ophthalmic solution</i>	2	
NATACYN	4	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	2	
<i>ofloxacin ophthalmic</i>	2	
<i>sulfacetamide sodium ophthalmic</i>	2	
<i>tobramycin ophthalmic</i>	2	QL (30 ML per 30 days)
TOBREX OPHTHALMIC OINTMENT	4	
<i>trifluridine ophthalmic</i>	2	
ZIRGAN	3	
Ophthalmic Anti-Inflammatories		
<i>bromfenac sodium (once-daily)</i>	4	
<i>dexamethasone sodium phosphate ophthalmic</i>	2	QL (30 ML per 30 days)
<i>diclofenac sodium ophthalmic</i>	2	
<i>difluprednate</i>	3	ST
EYSUVIS	4	QL (8.3 ML per 30 days)
FLAREX	3	
<i>fluorometholone ophthalmic</i>	2	
<i>flurbiprofen sodium</i>	2	
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	2	
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	2	QL (20 ML per 30 days)
LOTEMAX OPHTHALMIC OINTMENT	4	ST
<i>loteprednol etabonate</i>	3	ST

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<i>prednisolone acetate ophthalmic</i>	2	
<i>prednisolone sodium phosphate ophthalmic</i>	2	
XIIDRA	4	QL (60 EA per 30 days)
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl ophthalmic</i>	2	
<i>carteolol hcl</i>	2	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	2	
<i>timolol maleate ophthalmic gel forming solution</i>	4	
<i>timolol maleate ophthalmic solution</i>	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er</i>	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	
<i>apraclonidine hcl</i>	2	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	2	
<i>brinzolamide</i>	4	
COMBIGAN	3	
<i>dorzolamide hcl ophthalmic</i>	2	
IOPIDINE OPHTHALMIC SOLUTION 1 %	4	
<i>methazolamide oral</i>	4	
<i>phospholine iodide</i>	4	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	2	
SIMBRINZA	4	
Otic Agents		
Otic Agents		
<i>acetic acid otic</i>	2	
CIPRO HC	4	
<i>ciprofloxacin hcl otic</i>	2	
<i>ciprofloxacin-dexamethasone</i>	3	QL (7.5 ML per 30 days)
<i>fluocinolone acetonide otic</i>	2	
<i>hydrocortisone-acetic acid</i>	2	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	2	
<i>neomycin-polymyxin-hc otic suspension</i>	2	
<i>ofloxacin otic</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
Respiratory Tract/Pulmonary Agents		
Antihistamines		
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	2	
<i>cyproheptadine hcl oral tablet</i>	2	
<i>desloratadine oral tablet</i>	2	
<i>desloratadine oral tablet dispersible 2.5 mg</i>	2	
<i>hydroxyzine hcl oral tablet</i>	4	
<i>levocetirizine dihydrochloride oral</i>	2	
<i>olopatadine hcl nasal</i>	2	QL (30.5 GM per 30 days)
Anti-Inflammatories, Inhaled Corticosteroids		
ARNUIITY ELLIPTA	3	
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	2	B/D
<i>budesonide inhalation suspension 1 mg/2ml</i>	4	B/D
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	2	
<i>fluticasone propionate nasal</i>	2	
<i>mometasone furoate nasal</i>	4	
PULMICORT FLEXHALER	3	
QNASL	4	QL (10.6 GM per 30 days)
QVAR REDHALER	3	
Antileukotrienes		
<i>montelukast sodium oral</i>	2	
<i>zafirlukast</i>	2	
<i>zileuton er</i>	5	QL (120 EA per 30 days)
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	
INCRUSE ELLIPTA	3	
<i>ipratropium bromide inhalation</i>	2	B/D
<i>ipratropium bromide nasal</i>	2	
SPIRIVA HANDIHALER	3	
SPIRIVA RESPIMAT	3	QL (4 GM per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	4	QL (1 EA per 30 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate er</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	2	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	2	B/D
<i>albuterol sulfate oral</i>	2	
<i>arformoterol tartrate</i>	5	B/D
BREO ELLIPTA	3	
DULERA	3	QL (13 GM per 30 days)
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	2	QL (4 EA per 30 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	2	QL (4 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	2	
<i>levalbuterol hcl inhalation</i>	2	B/D
<i>levalbuterol tartrate</i>	4	
PROAIR RESPICLICK	3	
SEREVENT DISKUS	4	
STRIVERDI RESPIMAT	3	QL (4 GM per 30 days)
SYMJEPI	3	QL (4 EA per 30 days)
<i>terbutaline sulfate oral</i>	2	
VENTOLIN HFA	3	
Cystic Fibrosis Agents		
CAYSTON	5	PA; LA
KALYDECO ORAL PACKET	5	PA; QL (56 EA per 28 days)
KALYDECO ORAL TABLET	5	PA; QL (60 EA per 30 days)
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	5	PA; QL (120 EA per 30 days)
ORKAMBI ORAL PACKET 75-94 MG	5	PA; QL (60 EA per 30 days)
ORKAMBI ORAL TABLET	5	PA; QL (120 EA per 30 days)
PULMOZYME	5	B/D
SYMDEKO	5	PA; QL (60 EA per 30 days)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	5	B/D
TRIKAFTA	5	PA; QL (84 EA per 28 days)

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Drug Name	Drug Tiers	Requirements/Limits
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP	4	PA; QL (30 EA per 30 days)
<i>roflumilast</i>	4	PA; QL (30 EA per 30 days)
<i>theophylline er oral tablet extended release 12 hour 300 mg</i>	2	
<i>theophylline er oral tablet extended release 24 hour</i>	2	
Pulmonary Antihypertensives		
ADEMPAS	5	PA; LA; QL (90 EA per 30 days)
<i>ambrisentan</i>	5	LA
<i>bosentan</i>	5	
OPSUMIT	5	PA; LA; QL (30 EA per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA
<i>sildenafil citrate oral tablet 20 mg</i>	3	PA
<i>tadalafil (pah)</i>	5	PA
TRACLEER ORAL TABLET SOLUBLE	5	LA; QL (112 EA per 28 days)
TYVASO	5	B/D
TYVASO DPI MAINTENANCE KIT	5	PA
TYVASO DPI TITRATION KIT	5	PA
TYVASO REFILL	5	B/D
TYVASO STARTER	5	B/D
UPTRAVI INTRAVENOUS	5	PA; QL (60 EA per 30 days)
UPTRAVI ORAL TABLET	5	PA; QL (60 EA per 30 days)
UPTRAVI ORAL TABLET THERAPY PACK	5	PA
VENTAVIS	5	B/D
Pulmonary Fibrosis Agents		
ESBRIET ORAL CAPSULE	5	PA; QL (270 EA per 30 days)
OFEV	5	PA; LA; QL (60 EA per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	5	PA; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	5	PA; QL (90 EA per 30 days)
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation</i>	2	B/D

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Drug Name	Drug Tiers	Requirements/Limits
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	3	
ADVAIR HFA	3	
ANORO ELLIPTA	3	QL (60 EA per 30 days)
BEVESPI AEROSPHERE	3	
BREZTRI AEROSPHERE	3	
COMBIVENT RESPIMAT	3	
<i>cromolyn sodium inhalation</i>	2	B/D
FASENRA	5	PA
FASENRA PEN	5	PA
<i>ipratropium-albuterol</i>	2	B/D
NUCALA	5	PA
STIOLTO RESPIMAT	3	QL (4 GM per 30 days)
SYMBICORT	3	QL (10.2 GM per 30 days)
TEZSPIRE	5	PA; QL (1.91 ML per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 100-62.5-25 MCG/INH	3	
<i>trelegy ellipta inhalation aerosol powder breath activated 200-62.5-25 mcg/act, 200-62.5-25 mcg/inh</i>	3	
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	4	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	4	
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
<i>eszopiclone</i>	4	QL (30 EA per 30 days)
<i>flurazepam hcl</i>	4	
HETLIOZ	5	PA
<i>ramelteon</i>	3	
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	
<i>temazepam oral capsule 7.5 mg</i>	4	
<i>triazolam</i>	4	QL (10 EA per 30 days)
<i>zaleplon</i>	4	QL (30 EA per 30 days)
<i>zolpidem tartrate er</i>	4	QL (30 EA per 30 days)

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<i>zolpidem tartrate oral</i>	4	QL (30 EA per 30 days)
Wakefulness Promoting Agents		
<i>armodafinil</i>	2	PA; QL (30 EA per 30 days)
<i>modafinil</i>	4	PA; QL (60 EA per 30 days)
XYREM	5	PA; LA; QL (540 ML per 30 days)
XYWAV	5	PA; QL (540 ML per 30 days)

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Index

<i>abacavir sulfate</i>	35	<i>amikacin sulfate</i>	12	ASTAGRAF XL.....	70
<i>abacavir sulfate-lamivudine</i>	35	<i>amiloride hcl</i>	47	<i>atazanavir sulfate</i>	36
<i>abacavir-lamivudine-zidovudine</i>	35	<i>amiloride-hydrochlorothiazide</i>	46	<i>atenolol</i>	45
ABELCET.....	22	AMINOSYN-PF.....	57	<i>atenolol-chlorthalidone</i>	46
ABILIFY MAINTENA.....	32	<i>amiodarone hcl</i>	44	<i>atomoxetine hcl</i>	50
<i>abiraterone acetate</i>	25	<i>amitriptyline hcl</i>	21	<i>atorvastatin calcium</i>	48
<i>acamprosate calcium</i>	11	<i>amlodipine besy-benazepril hcl</i> ..	46	<i>atovaquone</i>	30
<i>acarbose</i>	38	<i>amlodipine besylate</i>	45	<i>atovaquone-proguanil hcl</i>	30
<i>acebutolol hcl</i>	45	<i>amlodipine besylate-valsartan</i>	46	<i>atropine sulfate</i>	75
<i>acetaminophen-codeine</i>	10	<i>amlodipine-atorvastatin</i>	46	ATROVENT HFA.....	78
<i>acetaminophen-codeine #3</i>	10	<i>amlodipine-olmesartan</i>	46	AUBAGIO.....	51
<i>acetazolamide</i>	46	<i>amlodipine-valsartan-hctz</i>	46	AURYXIA.....	58
<i>acetazolamide er</i>	77	<i>ammonium lactate</i>	53	AUSTEDO.....	51
<i>acetic acid</i>	77	<i>amnestem</i>	53	AVEED.....	63
<i>acetylcysteine</i>	80	<i>amoxapine</i>	21	AVIANE.....	64
<i>acitretin</i>	53	<i>amoxicill-clarithro-lansopraz</i>	59	AVONEX PEN.....	51
ACTEMRA.....	70	<i>amoxicillin</i>	14	AVONEX PREFILLED.....	51
ACTEMRA ACTPEN.....	70	<i>amoxicillin-pot clavulanate</i>	14	AYVAKIT.....	27
ACTHAR.....	62	<i>amoxicillin-pot clavulanate er</i>	14	AZASAN.....	70
ACTHIB.....	72	<i>amphetamine-dextroamphet er</i> ..	49	AZASITE.....	76
ACTIMMUNE.....	70	<i>amphetamine-</i>		<i>azathioprine</i>	70
<i>acyclovir</i>	34, 55	<i>dextroamphetamine</i>	49, 50	<i>azelaic acid</i>	53
<i>acyclovir sodium</i>	34	<i>amphotericin b</i>	22	<i>azelastine hcl</i>	75, 78
ADACEL.....	72	<i>ampicillin</i>	14	<i>azithromycin</i>	16
<i>adapalene</i>	53	<i>ampicillin sodium</i>	14, 15	<i>aztreonam</i>	12
ADASUVE.....	31	<i>ampicillin-sulbactam sodium</i>	15	<i>bacitracin</i>	76
<i>adefovir dipivoxil</i>	34	AMVUTTRA.....	60	<i>bacitracin-polymyxin b</i>	76
ADEMPAS.....	80	<i>anagrelide hcl</i>	42	<i>bacitra-neomycin-polymyxin-hc</i> ..	75
ADLYXIN.....	38	<i>anastrozole</i>	27	<i>baclofen</i>	33
ADLYXIN STARTER PACK.....	38	ANORO ELLIPTA.....	81	<i>balsalazide disodium</i>	73
ADVAIR DISKUS.....	81	APIDRA.....	40	BALVERSA.....	27
ADVAIR HFA.....	81	APIDRA SOLOSTAR.....	40	BALZIVA.....	64
AIMOVIG.....	23	APO-VARENICLINE.....	12	BAQSIMI ONE PACK.....	40
AJOVY.....	23	<i>apraclonidine hcl</i>	77	BAQSIMI TWO PACK.....	40
<i>albendazole</i>	30	<i>aprepitant</i>	22	BARACLUDE.....	34
<i>albuterol sulfate</i>	79	APRETUDE.....	34	<i>bcg vaccine</i>	72
<i>albuterol sulfate er</i>	78	APRI.....	64	<i>benazepril hcl</i>	44
<i>albuterol sulfate hfa</i>	79	APTIOM.....	19	<i>benazepril-hydrochlorothiazide</i> ..	46
<i>alclometasone dipropionate</i>	53	APTIVUS.....	36	BENLYSTA.....	70
ALECENSA.....	27	ARALAST NP.....	60	<i>benztropine mesylate</i>	30
<i>alendronate sodium</i>	74	ARANELLE.....	64	<i>besper</i>	53
<i>alfuzosin hcl er</i>	61	ARANESP (ALBUMIN FREE)....	43	BESREMI.....	70
<i>aliskiren fumarate</i>	46	ARCALYST.....	69	<i>betaine</i>	60
<i>allopurinol</i>	23	<i>arformoterol tartrate</i>	79	<i>betamethasone dipropionate</i> 53, 62	
<i>alosetron hcl</i>	58	ARIKAYCE.....	12	<i>betamethasone dipropionate</i>	
ALPHAGAN P.....	77	<i>aripiprazole</i>	32	<i>aug</i>	53, 62
<i>alprazolam</i>	37	ARISTADA.....	32	<i>betamethasone valerate</i>	53
ALTavera.....	63	ARISTADA INITIO.....	32	<i>betaxolol hcl</i>	45, 77
ALUNBRIG.....	27	<i>armodafinil</i>	82	<i>bethanechol chloride</i>	61
<i>alyacen 1/35</i>	64	ARNUITY ELLIPTA.....	78	BEVESPI AEROSPHERE.....	81
<i>amabelz</i>	64	<i>asenapine maleate</i>	32	<i>bexarotene</i>	30
<i>amantadine hcl</i>	30	<i>aspirin-dipyridamole er</i>	43	BEXSERO.....	72
<i>ambrisentan</i>	80	ASSURE ID INSULIN SAFETY		<i>bicalutamide</i>	25
AMETHIA.....	64	SYR.....	40	BICILLIN C-R.....	15

BICILLIN C-R 900/300.....	15	carbamazepine.....	19	clarithromycin.....	16
BICILLIN L-A.....	15	carbamazepine er.....	19, 37	clarithromycin er.....	16
BIKTARVY.....	34	carbidopa.....	31	CLEOCIN.....	12
<i>bimatoprost</i>	74	carbidopa-levodopa.....	31	<i>clindamycin hcl</i>	12
<i>bisoprolol fumarate</i>	45	carbidopa-levodopa er.....	31	<i>clindamycin palmitate hcl</i>	12
<i>bisoprolol-hydrochlorothiazide</i> ...	46	carbidopa-levodopa-		<i>clindamycin phos-benzoyl</i>	
BIVIGAM.....	68	entacapone.....	30	<i>perox</i>	53
BLEPHAMIDE.....	75	<i>carglumic acid</i>	56	<i>clindamycin phosphate</i> ... 12, 13, 56	
BLEPHAMIDE S.O.P.....	75	<i>carteolol hcl</i>	77	<i>clindamycin phosphate in d5w</i> ... 12	
BOOSTRIX.....	72	<i>cartia xt</i>	46	CLINIMIX E/DEXTROSE	
<i>bosentan</i>	80	<i>carvedilol</i>	45	(2.75/5).....	57
BOSULIF.....	27	<i>carvedilol phosphate er</i>	45	CLINIMIX E/DEXTROSE	
BRAFTOVI.....	27	<i>caspofungin acetate</i>	22	(4.25/10).....	57
BREO ELLIPTA.....	79	CAYSTON.....	79	CLINIMIX E/DEXTROSE	
BREZTRI AEROSPHERE.....	81	<i>cefaclor</i>	13	(4.25/5).....	57
BRILINTA.....	43	<i>cefadroxil</i>	13	CLINIMIX E/DEXTROSE (5/15) .57	
<i>brimonidine tartrate</i>	77	<i>cefazolin sodium</i>	13	CLINIMIX E/DEXTROSE (5/20) .57	
<i>brinzolamide</i>	77	<i>cefdinir</i>	14	CLINIMIX/DEXTROSE	
BRIVIACT.....	17	<i>cefepime hcl</i>	14	(4.25/10).....	57
<i>bromfenac sodium (once-daily)</i> ..	76	<i>cefoxitin sodium</i>	14	CLINIMIX/DEXTROSE (4.25/5) ..57	
<i>bromocriptine mesylate</i>	31	<i>cefpodoxime proxetil</i>	14	CLINIMIX/DEXTROSE (5/15).....57	
BRUKINSA.....	27	<i>cefprozil</i>	14	CLINIMIX/DEXTROSE (5/20).....57	
<i>budesonide</i>	74, 78	<i>ceftazidime</i>	14	<i>clobazam</i>	18
<i>budesonide er</i>	74	<i>ceftriaxone sodium</i>	14	<i>clobetasol prop emollient base</i> ...53	
<i>bumetanide</i>	47	<i>cefuroxime axetil</i>	14	<i>clobetasol propionate</i>	53, 54
<i>buprenorphine</i>	9	<i>cefuroxime sodium</i>	14	<i>clobetasol propionate e</i>	53
<i>buprenorphine hcl</i>	11	<i>celecoxib</i>	9	<i>clomiphene citrate</i>	67
<i>buprenorphine hcl-naloxone hcl</i>		CELLCEPT.....	70	<i>clomipramine hcl</i>	21
.....	11, 12	CELONTIN.....	18	<i>clonazepam</i>	37
<i>bupropion hcl</i>	20	<i>cephalexin</i>	14	<i>clonidine</i>	44
<i>bupropion hcl er (smoking det)</i> ...12		CEQUA.....	75	<i>clonidine hcl</i>	44
<i>bupropion hcl er (sr)</i>	20	CERDELGA.....	60	<i>clonidine hcl er</i>	50
<i>bupropion hcl er (xl)</i>	20	<i>cevimeline hcl</i>	52	<i>clopidogrel bisulfate</i>	43
<i>bupirone hcl</i>	37	<i>chlordiazepoxide hcl</i>	37	<i>clorazepate dipotassium</i>	37
<i>butorphanol tartrate</i>	10	<i>chlorhexidine gluconate</i>	52	<i>clotrimazole</i>	22
BYDUREON BCISE.....	38	<i>chloroquine phosphate</i>	30	<i>clotrimazole-betamethasone</i>	55
BYETTA 10 MCG PEN.....	38	<i>chlorpromazine hcl</i>	31	<i>clozapine</i>	33
BYETTA 5 MCG PEN.....	38	<i>chlorthalidone</i>	48	COARTEM.....	30
<i>cabergoline</i>	67	CHOLBAM.....	60	<i>codeine sulfate</i>	10
CABOMETYX.....	27	<i>cholestyramine</i>	48	<i>colchicine</i>	23
<i>calcipotriene</i>	55	<i>cholestyramine light</i>	48	<i>colchicine-probenecid</i>	23
<i>calcipotriene-betameth diprop</i> ...53		<i>ciclopirox</i>	55, 56	<i>colesevelam hcl</i>	48
<i>calcitonin (salmon)</i>	74	<i>ciclopirox olamine</i>	22	<i>colestipol hcl</i>	48
<i>calcitriol</i>	55, 74	<i>cilostazol</i>	43	<i>colistimethate sodium (cba)</i>	13
<i>calcium acetate</i>	58	CILOXAN.....	76	COMBIGAN.....	77
<i>calcium acetate (phos binder)</i>58		CIMDUO.....	35	COMBIVENT RESPIMAT.....	81
CALQUENCE.....	27	<i>cimetidine</i>	59	COMETRIQ (100 MG DAILY	
CAMILA.....	66	<i>cimetidine hcl</i>	59	DOSE).....	27
CAMRESE LO.....	64	<i>cinacalcet hcl</i>	74	COMETRIQ (140 MG DAILY	
<i>candesartan cilexetil</i>	44	CIPRO HC.....	77	DOSE).....	27
<i>candesartan cilexetil-hctz</i>	46	<i>ciprofloxacin hcl</i>	16, 76, 77	COMETRIQ (60 MG DAILY	
CAPLYTA.....	32	<i>ciprofloxacin in d5w</i>	16	DOSE).....	27
CAPRELSA.....	27	<i>ciprofloxacin-dexamethasone</i>77		COMFORT ASSIST INSULIN	
<i>captopril</i>	44	<i>citalopram hydrobromide</i>	20	SYRINGE.....	40
<i>captopril-hydrochlorothiazide</i>46		CLARAVIS.....	53	COMPLERA.....	35

<i>constulose</i>	58	<i>dexamethasone</i>	62	DRIZALMA SPRINKLE.....	20
COPIKTRA.....	27	DEXAMETHASONE		<i>dronabinol</i>	22
CORLANOR.....	46	INTENSOL.....	62	DROXIA.....	25
CORTROPHIN.....	62	<i>dexamethasone sodium</i>		<i>droxidopa</i>	44
COSENTYX.....	69	<i>phosphate</i>	62, 76	DULERA.....	79
COSENTYX (300 MG DOSE)....	69	<i>dexmethylphenidate hcl</i>	50	<i>duloxetine hcl</i>	51
COSENTYX SENSOREADY		<i>dexmethylphenidate hcl er</i>	50	DUPIXENT.....	69
(300 MG).....	69	<i>dextroamphetamine sulfate</i>	50	<i>dutasteride</i>	61
COTELLIC.....	27	<i>dextroamphetamine sulfate er</i>	50	<i>dutasteride-tamsulosin hcl</i>	61
CREON.....	60	<i>dextrose</i>	57	<i>econazole nitrate</i>	22
CRESEMBA.....	22	<i>dextrose-nacl</i>	57	EDURANT.....	35
CRINONE.....	66	DIACOMIT.....	17	<i>efavirenz</i>	35
<i>cromolyn sodium</i>	60, 75, 81	<i>diazepam</i>	18, 37	<i>efavirenz-emtricitab-tenofovir</i>	35
CRYSELLE-28.....	64	<i>diazepam intensol</i>	37	<i>efavirenz-lamivudine-tenofovir</i> ...	35
CVS GAUZE STERILE.....	40	<i>diazoxide</i>	40	<i>eletriptan hydrobromide</i>	23
CYCLAFEM 1/35.....	64	<i>diclofenac epolamine</i>	9	ELIGARD.....	67
CYCLAFEM 7/7/7.....	64	<i>diclofenac potassium</i>	9	ELIQUIS.....	41
<i>cyclobenzaprine hcl</i>	81	<i>diclofenac sodium</i>	9, 76	ELIQUIS DVT/PE STARTER	
<i>cyclophosphamide</i>	24	<i>diclofenac sodium er</i>	9	PACK.....	41
CYCLOPHOSPHAMIDE.....	24	<i>diclofenac-misoprostol</i>	9	ELMIRON.....	61
CYCLOSET.....	38	<i>dicloxacillin sodium</i>	15	EMCYT.....	25
<i>cyclosporine</i>	70	<i>dicyclomine hcl</i>	59	EMGALITY.....	23
<i>cyclosporine modified</i>	70	DIFICID.....	16	EMGALITY (300 MG DOSE).....	23
<i>cyproheptadine hcl</i>	78	<i>diflunisal</i>	9	EMOQUETTE.....	64
CYSTADROPS.....	75	<i>difluprednate</i>	76	EMSAM.....	20
CYSTAGON.....	60	DIGITEK.....	46	<i>emtricitabine</i>	35
CYSTARAN.....	75	<i>digoxin</i>	46	<i>emtricitabine-tenofovir df</i>	35
<i>dabigatran etexilate mesylate</i>	41	<i>dihydroergotamine mesylate</i>	23	EMTRIVA.....	35
<i>dalfampridine er</i>	51	<i>diltiazem hcl</i>	46	<i>enalapril maleate</i>	44
DALIRESP.....	80	<i>diltiazem hcl er</i>	46	<i>enalapril-hydrochlorothiazide</i>	46
<i>danazol</i>	63	<i>diltiazem hcl er beads</i>	46	ENBREL.....	70
<i>dantrolene sodium</i>	33	<i>diltiazem hcl er coated beads</i>	46	ENBREL MINI.....	70
<i>dapsone</i>	24	<i>dilt-xr</i>	46	ENBREL SURECLICK.....	70
DAPTACEL.....	72	<i>dimethyl fumarate</i>	51	ENDOCET.....	10
<i>daptomycin</i>	13	<i>dimethyl fumarate starter pack</i> ...	51	ENGERIX-B.....	72
<i>darifenacin hydrobromide er</i>	61	<i>diphenoxylate-atropine</i>	58, 59	<i>enoxaparin sodium</i>	42
DAURISMO.....	27	<i>diphtheria-tetanus toxoids dt</i>	72	ENSKYCE.....	64
<i>deferasirox</i>	57	<i>disopyramide phosphate</i>	44	ENSPRYNG.....	70
<i>deferiprone</i>	57	<i>disulfiram</i>	11	ENSTILAR.....	54
DELSTRIGO.....	35	<i>divalproex sodium</i>	37	<i>entacapone</i>	30
<i>demeclocycline hcl</i>	17	<i>divalproex sodium er</i>	37	<i>entecavir</i>	34
DENGVAXIA.....	72	<i>dofetilide</i>	44	ENTRESTO.....	46
<i>denta 5000 plus</i>	52	DOJOLVI.....	56	<i>enulose</i>	58
DEPO-ESTRADIOL.....	64	<i>donepezil hcl</i>	19	EPCLUSA.....	34
DEPO-SUBQ PROVERA 104....	66	<i>dorzolamide hcl</i>	77	EPIDIOLEX.....	17
DESCOVY.....	35	<i>dorzolamide hcl-timolol mal</i>	75	<i>epinastine hcl</i>	75
<i>desipramine hcl</i>	21	<i>dorzolamide hcl-timolol mal pf</i> ...	75	<i>epinephrine</i>	79
<i>desloratadine</i>	78	<i>dotti</i>	64	<i>epitol</i>	19
<i>desmopressin ace spray refrig</i> ...	63	DOVATO.....	34	EPIVIR HBV.....	34
<i>desmopressin acetate</i>	63	<i>doxazosin mesylate</i>	44	<i>eplerenone</i>	48
<i>desmopressin acetate spray</i>	63	<i>doxepin hcl</i>	21, 54	EPOGEN.....	43
<i>desogestrel-ethinyl estradiol</i>	64	<i>doxercalciferol</i>	74	EPRONTIA.....	17
<i>desonide</i>	54	DOXY 100.....	17	ERAXIS.....	22
<i>desoximetasone</i>	54	<i>doxycycline hyclate</i>	17	<i>ergoloid mesylates</i>	19
<i>desvenlafaxine succinate er</i>	20	<i>doxycycline monohydrate</i>	17	<i>ergotamine-caffeine</i>	23

ERIVEDGE.....	27	FEMYNOR.....	64	FUZEON.....	36
ERLEADA.....	25	<i>fenofibrate</i>	48	FYAVOLV.....	64
<i>erlotinib hcl</i>	27	<i>fenofibrate micronized</i>	48	FYCOMPA.....	17
ERRIN.....	66	<i>fenofibric acid</i>	48	<i>gabapentin</i>	18
<i>ertapenem sodium</i>	15	<i>fenopropfen calcium</i>	9	GALAFOLD.....	60
<i>ery</i>	56	<i>fentanyl</i>	9	<i>galantamine hydrobromide</i>	19
ERY-TAB.....	16	<i>fentanyl citrate</i>	10	<i>galantamine hydrobromide er</i>	19
ERYTHROCIN		<i>fesoterodine fumarate er</i>	61	GAMMAGARD.....	68
LACTOBIONATE.....	16	FETZIMA.....	20	GAMMAGARD S/D LESS IGA... 68	
ERYTHROCIN STEARATE.....	16	FETZIMA TITRATION.....	20	GAMUNEX-C.....	68
<i>erythromycin</i>	16, 56, 76	FIASP.....	40	GARDASIL 9.....	72
<i>erythromycin base</i>	16	FIASP FLEXTOUCH.....	40	<i>gatifloxacin</i>	76
<i>erythromycin ethylsuccinate</i>	16	FIASP PENFILL.....	40	GATTEX.....	59
ESBRIET.....	80	<i>finasteride</i>	61	<i>gavilyte-c</i>	58
<i>escitalopram oxalate</i>	20	<i> fingolimod hcl</i>	51	<i>gavilyte-g</i>	58
<i>esomeprazole magnesium</i>	59	FINTEPLA.....	17	<i>gavilyte-n with flavor pack</i>	58
<i>estarylla</i>	64	FIRDAPSE.....	51	GAVRETO.....	26
<i>estradiol</i>	64	FIRMAGON.....	67	<i>gemfibrozil</i>	48
<i>estradiol valerate</i>	64	FIRMAGON (240 MG DOSE).....	67	<i>generlac</i>	58
<i>estradiol-norethindrone acet</i>	64	<i>firvanq</i>	13	GENGRAF.....	71
ESTRING.....	64	FLAREX.....	76	GENOTROPIN.....	63
<i>eszopiclone</i>	81	<i>flavoxate hcl</i>	61	GENOTROPIN MINIQUICK.....	63
<i>ethacrynic acid</i>	47	<i>flecainide acetate</i>	45	GENTAK.....	76
<i>ethambutol hcl</i>	24	<i>fluconazole</i>	22	<i>gentamicin in saline</i>	12
<i>ethosuximide</i>	18	<i>fluconazole in sodium chloride</i> ... 22		<i>gentamicin sulfate</i>	12, 76
<i>ethynodiol diac-eth estradiol</i>	64	<i>flucytosine</i>	22	GENVOYA.....	34
<i>etodolac</i>	9	<i>fludrocortisone acetate</i>	62	GILOTRIF.....	27
<i>etravirine</i>	35	<i>flunisolide</i>	78	GLASSIA.....	60
<i>euthyrox</i>	67	<i>fluocinolone acetonide</i>	54, 77	<i>glatiramer acetate</i>	52
EVENITY.....	74	<i>fluocinolone acetonide scalp</i>	54	GLATOPA.....	52
<i>everolimus</i>	27, 70, 71	<i>fluocinonide</i>	54	<i>glimepiride</i>	38
EVKEEZA.....	48	<i>fluocinonide emulsified base</i>	54	<i>glipizide</i>	38
EVOTAZ.....	36	<i>fluorometholone</i>	76	<i>glipizide er</i>	38
EVRYSDI.....	51	<i>fluorouracil</i>	55	<i>glipizide-metformin hcl</i>	38
EXEL COMFORT POINT PEN		<i>fluoxetine hcl</i>	20	<i>global alcohol prep ease</i>	55
NEEDLE.....	40	<i>fluphenazine decanoate</i>	31	GLUCAGEN HYPOKIT.....	40
<i>exemestane</i>	27	<i>fluphenazine hcl</i>	31	<i>glucagon emergency</i>	40
EXKIVITY.....	27	<i>flurazepam hcl</i>	81	<i>glycopyrrolate</i>	59
EYSUVIS.....	76	<i>flurbiprofen</i>	9	GLYXAMBI.....	38
<i>ezetimibe</i>	49	<i>flurbiprofen sodium</i>	76	<i>granisetron hcl</i>	22
<i>ezetimibe-rosuvastatin</i>	49	<i>flutamide</i>	25	<i>griseofulvin microsize</i>	22
<i>ezetimibe-simvastatin</i>	49	<i>fluticasone propionate</i>	54, 78	<i>griseofulvin ultramicrosize</i>	22
FALMINA.....	64	<i>fluticasone-salmeterol</i>	79	<i>guanidine hcl</i>	24
<i>famciclovir</i>	34	<i>fluvastatin sodium</i>	48	GVOKE HYPOPEN 2-PACK.....	38
<i>famotidine</i>	59	<i>fluvastatin sodium er</i>	48	GVOKE KIT.....	38
FANAPT.....	32	<i>fluvoxamine maleate</i>	20	GVOKE PFS.....	38
FANAPT TITRATION PACK.....	32	<i>fluvoxamine maleate er</i>	20	<i>halobetasol propionate</i>	54
FARXIGA.....	38	<i>fondaparinux sodium</i>	42	<i>haloperidol</i>	31
FARYDAK.....	27	<i>fosamprenavir calcium</i>	36	<i>haloperidol decanoate</i>	31
FASENRA.....	81	<i>fosfomycin tromethamine</i>	13	<i>haloperidol lactate</i>	31
FASENRA PEN.....	81	<i>fosinopril sodium</i>	44	HAVRIX.....	72
<i>febuxostat</i>	23	<i>fosinopril sodium-hctz</i>	47	HEMADY.....	62
<i>felbamate</i>	17	FOTIVDA.....	27	<i>heparin sodium (porcine)</i>	42
<i>felodipine er</i>	45	FRAGMIN.....	42	HETLIOZ.....	81
FEMRING.....	64	<i>furosemide</i>	47	HIBERIX.....	72

HUMALOG.....	40	IMBRUVICA.....	28	JENTADUETO.....	38
HUMALOG JUNIOR KWIKPEN.....	40	<i>imipenem-cilastatin</i>	15	JENTADUETO XR.....	39
HUMALOG KWIKPEN.....	40	<i>imipramine hcl</i>	21	JINTELI.....	64
HUMALOG MIX 50/50.....	40	<i>imipramine pamoate</i>	21	JULUCA.....	35
HUMALOG MIX 50/50 KWIKPEN.....	40	<i>imiquimod</i>	55	JUNEL 1.5/30.....	64
HUMALOG MIX 75/25.....	40	IMOVAX RABIES.....	72	JUNEL 1/20.....	64
HUMALOG MIX 75/25 KWIKPEN.....	41	INCRELEX.....	63	JUNEL FE 1.5/30.....	65
HUMIRA.....	71	INCRUSE ELLIPTA.....	78	JUNEL FE 1/20.....	65
HUMIRA PEDIATRIC CROHNS START.....	71	<i>indapamide</i>	48	KALYDECO.....	79
HUMIRA PEN.....	71	INFANRIX.....	72	KARIVA.....	65
HUMIRA PEN-CD/UC/HS STARTER.....	71	INGREZZA.....	51	<i>kcl in dextrose-nacl</i>	56
HUMIRA PEN-PEDIATRIC UC START.....	71	INLYTA.....	28	<i>kcl-lactated ringers-d5w</i>	56
HUMIRA PEN-PS/UV/ADOL HS START.....	71	INQOVI.....	25	KELNOR 1/35.....	65
HUMIRA PEN-PSOR/UEVIT STARTER.....	71	INREBIC.....	28	<i>kelnor 1/50</i>	65
HUMULIN 70/30.....	41	<i>insulin asp prot & asp flexpen</i>	41	KERENDIA.....	48
HUMULIN 70/30 KWIKPEN.....	41	<i>insulin aspart</i>	41	KESIMPTA.....	52
HUMULIN N.....	41	<i>insulin aspart flexpen</i>	41	<i>ketoconazole</i>	22
HUMULIN N KWIKPEN.....	41	<i>insulin aspart penfill</i>	41	<i>ketorolac tromethamine</i>	76
HUMULIN R.....	41	<i>insulin aspart prot & aspart</i>	41	KEVEYIS.....	60
HUMULIN R U-500 (CONCENTRATED).....	41	INTELENCE.....	35	KINRIX.....	72
HUMULIN R U-500 KWIKPEN.....	41	INTRALIPID.....	57	KISQALI (200 MG DOSE).....	28
<i>hydralazine hcl</i>	49	INTRON A.....	70	KISQALI (400 MG DOSE).....	28
<i>hydrochlorothiazide</i>	48	INVEGA HAFYERA.....	32	KISQALI (600 MG DOSE).....	28
<i>hydrocodone-acetaminophen</i>	10	INVEGA SUSTENNA.....	32	KISQALI FEMARA (400 MG DOSE).....	26
<i>hydrocodone-ibuprofen</i>	10	INVEGA TRINZA.....	32	KISQALI FEMARA (600 MG DOSE).....	26
<i>hydrocortisone</i>	54, 62, 74	INVIRASE.....	36	KISQALI FEMARA(200 MG DOSE).....	26
<i>hydrocortisone (perianal)</i>	54	INVOKAMET.....	38	KLISYRI.....	55
<i>hydrocortisone butyr lipo base</i> ...	54	INVOKAMET XR.....	38	KLOR-CON.....	56
<i>hydrocortisone butyrate</i>	54	INVOKANA.....	38	<i>klor-con</i>	57
<i>hydrocortisone valerate</i>	54	IOPIDINE.....	77	KLOR-CON 10.....	56
<i>hydrocortisone-acetic acid</i>	77	IPOL.....	72	KLOR-CON M10.....	56
<i>hydromorphone hcl</i>	10	<i>ipratropium bromide</i>	78	KLOR-CON M15.....	56
<i>hydromorphone hcl er</i>	9	<i>ipratropium-albuterol</i>	81	KLOR-CON M20.....	56
<i>hydromorphone hcl pf</i>	11	<i>irbesartan</i>	44	KLOR-CON/EF.....	56
<i>hydroxychloroquine sulfate</i>	30	<i>irbesartan-hydrochlorothiazide</i> ...	47	KOMBIGLYZE XR.....	39
<i>hydroxyurea</i>	25	IRESSA.....	28	KORLYM.....	40
<i>hydroxyzine hcl</i>	78	ISENTRESS.....	34	KOSELUGO.....	28
<i>hydroxyzine pamoate</i>	37	ISENTRESS HD.....	34	KRINTAFEL.....	30
<i>ibandronate sodium</i>	74	ISIBLOOM.....	64	KURVELO.....	65
IBRANCE.....	27	<i>isoniazid</i>	24	KYNMOBI.....	31
<i>ibu</i>	9	<i>isosorbide dinitrate</i>	49	<i>labetalol hcl</i>	45
<i>ibuprofen</i>	9	<i>isosorbide mononitrate</i>	49	<i>lacosamide</i>	19
<i>icatibant acetate</i>	68	<i>isotretinoin</i>	53	LACRISERT.....	75
ICLUSIG.....	27, 28	<i>isradipine</i>	45	<i>lactulose</i>	58
<i>icosapent ethyl</i>	49	ISTURISA.....	62	<i>lamivudine</i>	34
IDHIFA.....	26	<i>itraconazole</i>	22	<i>lamivudine-zidovudine</i>	35
<i>imatinib mesylate</i>	28	<i>ivermectin</i>	30, 55	<i>lamotrigine</i>	17
		IXIARO.....	72	<i>lamotrigine er</i>	17
		JAKAFI.....	28	<i>lamotrigine starter kit-blue</i>	17
		<i>jantoven</i>	42	<i>lamotrigine starter kit-green</i>	17
		JANUMET.....	38	<i>lamotrigine starter kit-orange</i>	17
		JANUMET XR.....	38	<i>lansoprazole</i>	59
		JANUVIA.....	38		
		JARDIANCE.....	38		

<i>lanthanum carbonate</i>	58	LINZESS.....	58	MAVYRET.....	34
LANTUS.....	41	<i>liothyronine sodium</i>	67	MAYZENT.....	52
LANTUS SOLOSTAR.....	41	<i>lisinopril</i>	44	MAYZENT STARTER PACK.....	52
<i>lapatinib ditosylate</i>	28	<i>lisinopril-hydrochlorothiazide</i>	47	<i>meclizine hcl</i>	21
LARIN FE 1.5/30.....	65	<i>lithium carbonate</i>	38	<i>medroxyprogesterone acetate</i>	67
LARIN FE 1/20.....	65	<i>lithium carbonate er</i>	37	<i>mefenamic acid</i>	9
<i>latanoprost</i>	74	LIVTENCITY.....	33	<i>mefloquine hcl</i>	30
LATUDA.....	32	LOKELMA.....	58	<i>megestrol acetate</i>	67
<i>ledipasvir-sofosbuvir</i>	34	LONSURF.....	26	MEKINIST.....	28
LEENA.....	65	<i>loperamide hcl</i>	59	MEKTOVI.....	28
<i>leflunomide</i>	69	<i>lopinavir-ritonavir</i>	36	<i>meloxicam</i>	9
<i>lenalidomide</i>	25	<i>lorazepam</i>	37	<i>melfhalan</i>	25
LENVIMA (10 MG DAILY DOSE).....	28	LORAZEPAM INTENSOL.....	37	<i>memantine hcl</i>	20
LENVIMA (12 MG DAILY DOSE).....	28	LORBRENA.....	28	<i>memantine hcl er</i>	19
LENVIMA (14 MG DAILY DOSE).....	28	LORYNA.....	65	MENACTRA.....	72
LENVIMA (18 MG DAILY DOSE).....	28	<i>losartan potassium</i>	44	MENEST.....	65
LENVIMA (20 MG DAILY DOSE).....	28	<i>losartan potassium-hctz</i>	47	<i>menquadfi</i>	72
LENVIMA (24 MG DAILY DOSE).....	28	LOTEMAX.....	76	MENVEO.....	72
LENVIMA (4 MG DAILY DOSE).....	28	<i>loteprednol etabonate</i>	76	<i>mercaptopurine</i>	71
LENVIMA (8 MG DAILY DOSE).....	28	<i>lovastatin</i>	48	<i>meropenem</i>	15
LEQVIO.....	49	LOW-OGESTREL.....	65	<i>mesalamine</i>	73
LESSINA.....	65	<i>loxapine succinate</i>	31	<i>mesalamine er</i>	73
<i>letrozole</i>	27	<i>lubiprostone</i>	58	MESNEX.....	30
<i>leucovorin calcium</i>	30	LUMAKRAS.....	26	<i>metformin hcl</i>	39
LEUKERAN.....	25	LUMIGAN.....	75	<i>metformin hcl er</i>	39
LEUKINE.....	43	LUMIZYME.....	60	<i>methadone hcl</i>	9, 10
<i>leuprolide acetate</i>	67	LUPANETA PACK.....	67, 68	<i>methazolamide</i>	77
<i>levabuterol hcl</i>	79	LUPKYNIS.....	71	<i>methenamine hippurate</i>	13
<i>levabuterol tartrate</i>	79	LUPRON DEPOT (1-MONTH)....	68	<i>methimazole</i>	68
<i>levetiracetam</i>	18	LUPRON DEPOT (3-MONTH)....	68	<i>methocarbamol</i>	81
<i>levetiracetam er</i>	18	LUPRON DEPOT (4-MONTH)....	68	<i>methotrexate</i>	71
<i>levobunolol hcl</i>	77	LUPRON DEPOT (6-MONTH)....	68	<i>methotrexate sodium</i>	71
<i>levocarnitine</i>	57, 58	LUPRON DEPOT-PED (1-MONTH).....	68	<i>methotrexate sodium (pf)</i>	71
<i>levocetirizine dihydrochloride</i>	78	LUPRON DEPOT-PED (3-MONTH).....	68	<i>methoxsalen rapid</i>	55
<i>levofloxacin</i>	16, 76	LUTERA.....	65	<i>methscopolamine bromide</i>	59
<i>levofloxacin in d5w</i>	16	LYBALVI.....	32	<i>methylergonovine maleate</i>	61
<i>levonorgest-eth est & eth est</i>	65	<i>lyllana</i>	65	<i>methylphenidate hcl</i>	50
<i>levonorgest-eth estrad 91-day</i>	65	LYNPARZA.....	26	<i>methylphenidate hcl er</i>	50
<i>levonorgestrel-ethinyl estrad</i>	65	LYSODREN.....	67	<i>methylphenidate hcl er (cd)</i>	50
LEVORA 0.15/30 (28).....	65	LYUMJEV.....	41	<i>methylphenidate hcl er (la)</i>	50
<i>levothyroxine sodium</i>	67	LYUMJEV KWIKPEN.....	41	<i>methylphenidate hcl er (osm)</i>	50
<i>levoxyl</i>	67	<i>maprotiline hcl</i>	20	<i>methylprednisolone</i>	62
LEXIVA.....	36	<i>maraviroc</i>	36	<i>methyltestosterone</i>	63
<i>lidocaine</i>	11	<i>marlissa</i>	65	<i>metoclopramide hcl</i>	59
<i>lidocaine hcl</i>	11	MARPLAN.....	20	<i>metolazone</i>	48
<i>lidocaine hcl urethral/mucosal</i>	11	MATULANE.....	25	<i>metoprolol succinate er</i>	45
<i>lidocaine viscous hcl</i>	11	MAVENCLAD (10 TABS).....	52	<i>metoprolol tartrate</i>	45
<i>lidocaine-prilocaine</i>	11	MAVENCLAD (4 TABS).....	52	<i>metoprolol-hydrochlorothiazide</i> ..	47
<i>linezolid</i>	13	MAVENCLAD (5 TABS).....	52	<i>metronidazole</i>	13
		MAVENCLAD (6 TABS).....	52	<i>metronidazole in nacl</i>	13
		MAVENCLAD (7 TABS).....	52	<i>metyrosine</i>	47
		MAVENCLAD (8 TABS).....	52	<i>mexiletine hcl</i>	45
		MAVENCLAD (9 TABS).....	52	<i>miconazole 3</i>	22
				MICROGESTIN 1.5/30.....	65
				MICROGESTIN 1/20.....	65

MICROGESTIN FE 1.5/30.....	65	NEXLIZET.....	47	<i>ofloxacin</i>	16, 76, 77
MICROGESTIN FE 1/20.....	65	<i>niacin er (antihyperlipidemic)</i>	49	<i>olanzapine</i>	32
<i>midodrine hcl</i>	44	<i>nicardipine hcl</i>	45	<i>olmesartan medoxomil</i>	44
<i>miglitol</i>	39	NICOTROL.....	12	<i>olmesartan medoxomil-hctz</i>	47
<i>miglustat</i>	60	NICOTROL NS.....	12	<i>olmesartan-amlodipine-hctz</i>	47
MIMVEY.....	65	<i>nifedipine er</i>	45	<i>olopatadine hcl</i>	75, 78
<i>minocycline hcl</i>	17	<i>nifedipine er osmotic release</i>	46	<i>omega-3-acid ethyl esters</i>	49
<i>minoxidil</i>	49	<i>nilutamide</i>	25	<i>omeprazole</i>	59
<i>mirtazapine</i>	20	<i>nimodipine</i>	46	<i>ondansetron</i>	22
<i>misoprostol</i>	59	NINLARO.....	26	<i>ondansetron hcl</i>	22
M-M-R II.....	72	<i>nitazoxanide</i>	30	ONGENTYS.....	31
<i>modafinil</i>	82	<i>nitisinone</i>	60	ONGLYZA.....	39
<i>moexipril hcl</i>	44	NITRO-BID.....	49	ONUREG.....	25
<i>molindone hcl</i>	31	<i>nitrofurantoin macrocrystal</i>	13	OPSUMIT.....	80
<i>mometasone furoate</i>	54, 78	<i>nitrofurantoin monohyd macro</i>	13	ORENCIA.....	69
<i>montelukast sodium</i>	78	<i>nitroglycerin</i>	49	ORENCIA CLICKJECT.....	69
<i>morphine sulfate</i>	11	NIVESTYM.....	43	ORENITRAM.....	80
<i>morphine sulfate (concentrate)</i>	11	<i>nizatidine</i>	59	ORFADIN.....	60
<i>morphine sulfate er</i>	10	NORA-BE.....	67	ORGOVYX.....	26
MOUNJARO.....	39	NORDITROPIN FLEXPPO.....	63	ORKAMBI.....	79
MOVANTIK.....	58	<i>norethindrone</i>	67	ORLADEYO.....	47
<i>moxifloxacin hcl</i>	16, 76	<i>norethindrone acetate</i>	67	<i>oseltamivir phosphate</i>	37
MULTAQ.....	45	<i>norethindrone acet-ethinyl est</i>	65	OTEZLA.....	55, 71
<i>mupirocin</i>	56	<i>norethindrone-eth estradiol</i>	65	<i>oxacillin sodium</i>	15
<i>mupirocin calcium</i>	56	<i>norethindron-ethinyl estrad-fe</i>	65	<i>oxacillin sodium in dextrose</i>	15
MYALEPT.....	59	<i>norethin-eth estradiol-fe</i>	65	<i>oxandrolone</i>	63
<i>mycophenolate mofetil</i>	71	<i>norgestimate-eth estradiol</i>	65	<i>oxaprozin</i>	9
<i>mycophenolate sodium</i>	71	<i>norgestim-eth estrad triphasic</i>	66	<i>oxcarbazepine</i>	19
MYRBETRIQ.....	61	NORMOSOL-M IN D5W.....	56	OXERVATE.....	75
<i>nabumetone</i>	9	NORMOSOL-R.....	56	<i>oxybutynin chloride</i>	61
<i>nadolol</i>	45	NORTREL 0.5/35 (28).....	66	<i>oxybutynin chloride er</i>	61
<i>nafcillin sodium</i>	15	NORTREL 1/35 (21).....	66	<i>oxycodone hcl</i>	11
<i>naloxone hcl</i>	12	NORTREL 1/35 (28).....	66	<i>oxycodone hcl er</i>	10
<i>naltrexone hcl</i>	11	NORTREL 7/7/7.....	66	<i>oxycodone-acetaminophen</i>	11
<i>naproxen</i>	9	<i>nortriptyline hcl</i>	21	<i>oxycodone-aspirin</i>	11
<i>naproxen sodium</i>	9	NORVIR.....	36	OXYCONTIN.....	10
<i>naratriptan hcl</i>	23	NOXAFIL.....	23	<i>oxymorphone hcl</i>	11
NATACYN.....	76	NUBEQA.....	25	<i>oxymorphone hcl er</i>	10
<i>nateglinide</i>	39	NUCALA.....	81	OZEMPIC (0.25 OR 0.5 MG/DOSE).....	39
NATPARA.....	74	NUDEXTA.....	51	OZEMPIC (1 MG/DOSE).....	39
NAYZILAM.....	18	NULIBRY.....	60	OZEMPIC (2 MG/DOSE).....	39
<i>nebivolol hcl</i>	45	NUPLAZID.....	32	<i>pacerone</i>	45
NECON 0.5/35 (28).....	65	NYAMYC.....	23	<i>paliperidone er</i>	32, 33
<i>nefazodone hcl</i>	20	<i>nylia 1/35</i>	66	PANCREAZE.....	60
<i>neomycin sulfate</i>	12	<i>nymyo</i>	66	PANRETIN.....	55
<i>neomycin-bacitracin zn-</i> <i>polymyx</i>	76	<i>nystatin</i>	23	<i>pantoprazole sodium</i>	59
<i>neomycin-polymyxin-dexameth</i>	75	<i>nystatin-triamcinolone</i>	55	PANZYGA.....	69
<i>neomycin-polymyxin-gramicidin</i>	75	NYSTOP.....	23	<i>paricalcitol</i>	74
<i>neomycin-polymyxin-hc</i>	75, 77	NYVEPRIA.....	43	<i>paromomycin sulfate</i>	12
NERLYNX.....	28	OALIVA.....	59	<i>paroxetine hcl</i>	20
NEUPRO.....	31	OCELLA.....	66	<i>paroxetine mesylate</i>	21
<i>nevirapine</i>	35	<i>octreotide acetate</i>	68	PASER.....	24
<i>nevirapine er</i>	35	ODEFSEY.....	35	PEDIARIX.....	73
NEXLETOL.....	47	ODOMZO.....	28	PEDVAX HIB.....	73
		OFEV.....	80		

<i>peg 3350-kcl-na bicarb-nacl</i>	58	<i>pramipexole dihydrochloride er</i> ..	31	<i>protriptyline hcl</i>	21
<i>peg-3350/electrolytes</i>	58	<i>prasugrel hcl</i>	44	PULMICORT FLEXHALER.....	78
PEGASYS.....	70	<i>pravastatin sodium</i>	48	PULMOZYME.....	79
PEMAZYRE.....	28	<i>praziquantel</i>	30	PURIXAN.....	25
<i>penicillamine</i>	61	<i>prazosin hcl</i>	44	<i>pyrazinamide</i>	24
<i>penicillin g pot in dextrose</i>	15	PRED-G S.O.P.....	75	<i>pyridostigmine bromide</i>	24
<i>penicillin g potassium</i>	15	<i>prednicarbate</i>	54	<i>pyridostigmine bromide er</i>	24
<i>penicillin g procaine</i>	15	<i>prednisolone</i>	62	<i>pyrimethamine</i>	30
<i>penicillin g sodium</i>	15	<i>prednisolone acetate</i>	77	PYRUKYND.....	43
<i>penicillin v potassium</i>	15	<i>prednisolone sodium phosphate</i>		PYRUKYND TAPER PACK.....	43
PENTACEL.....	73	62, 77	QELBREE.....	50, 51
<i>pentamidine isethionate</i>	30	<i>prednisone</i>	62	QINLOCK.....	28
<i>pentoxifylline er</i>	47	PREDNISONONE INTENSOL.....	62	QNASL.....	78
<i>perindopril erbumine</i>	44	PREFERRED PLUS INSULIN		QTERN.....	39
<i>permethrin</i>	55	SYRINGE.....	41	QUADRACEL.....	73
<i>perphenazine</i>	31	<i>pregabalin</i>	51	<i>quetiapine fumarate</i>	33
PERSERIS.....	33	PREHEVBRIO.....	73	<i>quetiapine fumarate er</i>	33
<i>phenelzine sulfate</i>	20	PREMARIN.....	66	<i>quinapril hcl</i>	44
<i>phenobarbital</i>	18	PREMASOL.....	58	<i>quinapril-hydrochlorothiazide</i>	47
<i>phenytoin</i>	19	PRETOMANID.....	24	<i>quinidine gluconate er</i>	45
<i>phenytoin sodium extended</i>	19	<i>prevalite</i>	49	<i>quinidine sulfate</i>	45
<i>phospholine iodide</i>	77	PREVIFEM.....	66	<i>quinine sulfate</i>	30
PIFELTRO.....	35	PREVYMIS.....	33	QVAR REDIHALER.....	78
<i>pilocarpine hcl</i>	52, 77	PREZCOBIX.....	36	RABAVERT.....	73
<i>pimecrolimus</i>	54	PREZISTA.....	36	<i>rabeprazole sodium</i>	60
<i>pimozide</i>	31	PRIFTIN.....	24	RADICAVA ORS.....	51
<i>pindolol</i>	45	<i>primaquine phosphate</i>	30	RADICAVA ORS STARTER	
<i>pioglitazone hcl</i>	39	<i>primidone</i>	18	KIT.....	51
<i>pioglitazone hcl-glimepiride</i>	39	PRIORIX.....	73	<i>raloxifene hcl</i>	25
<i>pioglitazone hcl-metformin hcl</i>	39	PROAIR RESPICLICK.....	79	<i>ramelteon</i>	81
<i>piperacillin sod-tazobactam so</i> ...	15	<i>probenecid</i>	23	<i>ramipril</i>	44
PIQRAY (200 MG DAILY		PROCALAMINE.....	58	<i>ranolazine er</i>	47
DOSE).....	28	<i>prochlorperazine</i>	21	<i>rasagiline mesylate</i>	31
PIQRAY (250 MG DAILY		<i>prochlorperazine maleate</i>	21	RAVICTI.....	60
DOSE).....	28	PROCRIT.....	43	RAYALDEE.....	74
PIQRAY (300 MG DAILY		<i>procto-med hc</i>	54	REBIF.....	52
DOSE).....	28	<i>procto-pak</i>	54	REBIF REBIDOSE.....	52
<i>pirfenidone</i>	80	<i>proctosol hc</i>	55	REBIF REBIDOSE TITRATION	
PIRMELLA 1/35.....	66	PROCTOZONE-HC.....	55	PACK.....	52
<i>piroxicam</i>	9	PROCYSBI.....	60	REBIF TITRATION PACK.....	52
PLEGRIDY.....	52	<i>progesterone</i>	67	RECLIPSEN.....	66
PLEGRIDY STARTER PACK.....	52	<i>progesterone micronized</i>	67	RECOMBIVAX HB.....	73
<i>podofilox</i>	55	PROGRAF.....	72	RECTIV.....	49
<i>polymyxin b-trimethoprim</i>	75	PROLASTIN-C.....	60	RELENZA DISKHALER.....	37
POMALYST.....	25	PROLIA.....	74	RELI-ON INSULIN SYRINGE....	41
PORTIA-28.....	66	PROMACTA.....	43	RELISTOR.....	58
<i>posaconazole</i>	23	<i>promethazine hcl</i>	21	<i>repaglinide</i>	39
<i>potassium chloride</i>	57	<i>promethegan</i>	21	REPATHA.....	49
<i>potassium chloride crys er</i>	56, 57	<i>propafenone hcl</i>	45	REPATHA PUSHTRONEX	
<i>potassium chloride er</i>	56	<i>propafenone hcl er</i>	45	SYSTEM.....	49
<i>potassium chloride in dextrose</i> ...	56	<i>propranolol hcl</i>	45	REPATHA SURECLICK.....	49
<i>potassium chloride in nacl</i>	56	<i>propranolol hcl er</i>	45	RESTASIS.....	75
<i>potassium citrate er</i>	57	<i>propranolol-hctz</i>	47	RESTASIS MULTIDOSE.....	75
PRADAXA.....	42	<i>propylthiouracil</i>	68	RETACRIT.....	43
<i>pramipexole dihydrochloride</i>	31	PROQUAD.....	73	RETEVMO.....	26

REVCOVI.....	69	SHINGRIX.....	73	<i>sulindac</i>	9
REVLIMID.....	25	SIGNIFOR.....	68	<i>sumatriptan</i>	24
REXULTI.....	33	SIKLOS.....	25	<i>sumatriptan succinate</i>	24
REYATAZ.....	36	<i>sildenafil citrate</i>	80	<i>sumatriptan succinate refill</i>	24
REYVOW.....	23, 24	<i>silodosin</i>	61	<i>sunitinib malate</i>	29
REZUROCK.....	72	<i>silver sulfadiazine</i>	55	SUPRAX.....	14
RHOPRESSA.....	75	SIMBRINZA.....	77	SUPREP BOWEL PREP KIT.....	57
<i>ribavirin</i>	34	<i>simvastatin</i>	48	<i>syeda</i>	66
RIDAURA.....	69	<i>sirolimus</i>	72	SYMBICORT.....	81
<i>rifabutin</i>	24	SIRTURO.....	24	SYMDEKO.....	79
<i>rifampin</i>	24	SIVEXTRO.....	13	SYMJEPI.....	79
<i>riluzole</i>	51	SKYRIZI.....	69	SYMLINPEN 120.....	39
<i>rimantadine hcl</i>	37	SKYRIZI (150 MG DOSE).....	69	SYMLINPEN 60.....	39
RINVOQ.....	69	SKYRIZI PEN.....	69	SYMPAZAN.....	18
<i>risedronate sodium</i>	74	<i>sodium chloride</i>	57	SYMTUZA.....	34
RISPERDAL CONSTA.....	33	<i>sodium phenylbutyrate</i>	60	SYNAREL.....	68
<i>risperidone</i>	33	<i>sodium polystyrene sulfonate</i>	58	SYNJARDY.....	39
RITONAVIR.....	36	<i>solifenacin succinate</i>	61	SYNJARDY XR.....	39
<i>rivastigmine</i>	19	SOLQUA.....	41	SYNRIBO.....	26
<i>rivastigmine tartrate</i>	19	SOLTAMOX.....	25	SYNTHROID.....	67
<i>rizatriptan benzoate</i>	24	SOMATULINE DEPOT.....	68	TABLOID.....	26
ROCKLATAN.....	75	SOMAVERT.....	68	TABRECTA.....	29
<i>roflumilast</i>	80	<i>sorafenib tosylate</i>	29	<i>tacrolimus</i>	55, 72
<i>ropinirole hcl</i>	31	SORINE.....	45	<i>tadalafil</i>	61
<i>ropinirole hcl er</i>	31	<i>sotalol hcl</i>	45	<i>tadalafil (pah)</i>	80
<i>rosuvastatin calcium</i>	48	<i>sotalol hcl (af)</i>	45	TAFINLAR.....	29
ROTARIX.....	73	SPIRIVA HANDIHALER.....	78	TAGRISSE.....	29
ROTATEQ.....	73	SPIRIVA RESPIMAT.....	78	TAKHZYRO.....	68
ROZLYTREK.....	28	<i>spironolactone</i>	48	TALZENNA.....	29
RUBRACA.....	29	<i>spironolactone-hctz</i>	47	<i>tamoxifen citrate</i>	25
<i>rufinamide</i>	19	SPRINTEC 28.....	66	<i>tamsulosin hcl</i>	61
RUKOBIA.....	36	SPRITAM.....	18	TASIGNA.....	29
RUZURGI.....	60	SPRYCEL.....	29	TAVNEOS.....	69
RYDAPT.....	29	SPS.....	58	<i>tazarotene</i>	53
<i>sajazir</i>	68	SRONYX.....	66	<i>taztia xt</i>	46
<i>salsalate</i>	9	<i>ssd</i>	55	TAZVERIK.....	29
SANCUSO.....	22	SSD (SILVER SULFADIAZINE).....	55	TDVAX.....	73
SANDIMMUNE.....	72	STEGLATRO.....	39	TEFLARO.....	14
SANDOSTATIN LAR DEPOT.....	68	STEGLUJAN.....	39	TEGSEDI.....	60
SANTYL.....	55	STELARA.....	69	TEKTURNA HCT.....	47
<i>sapropterin dihydrochloride</i>	60	STIOLTO RESPIMAT.....	81	<i>telmisartan</i>	44
SAVAYSA.....	42	STIVARGA.....	29	<i>telmisartan-amlodipine</i>	47
SCEMBLIX.....	29	<i>streptomycin sulfate</i>	12	<i>telmisartan-hctz</i>	44, 47
<i>scopolamine</i>	22	STRIBILD.....	34	<i>temazepam</i>	81
SECUADO.....	33	STRIVERDI RESPIMAT.....	79	TEMIXYS.....	35
SEGLUROMET.....	39	SUCRAID.....	60	TENIVAC.....	73
<i>selegiline hcl</i>	31	<i>sucralfate</i>	59	<i>tenofovir disoproxil fumarate</i>	35
<i>selenium sulfide</i>	55	<i>sulfacetamide sodium</i>	76	TEPMETKO.....	29
SELZENTRY.....	36	<i>sulfacetamide sodium (acne)</i>	16	<i>terazosin hcl</i>	44
SEREVENT DISKUS.....	79	<i>sulfacetamide-prednisolone</i>	75	<i>terbinafine hcl</i>	23
SEROSTIM.....	63	<i>sulfadiazine</i>	16	<i>terbutaline sulfate</i>	79
<i>sertraline hcl</i>	21	<i>sulfamethoxazole-trimethoprim</i>	16, 17	<i>terconazole</i>	23
<i>sevelamer carbonate</i>	58	SULFAMYLON.....	56	TERIPARATIDE.....	
<i>sf</i>	53	<i>sulfasalazine</i>	73	(RECOMBINANT).....	74
<i>sf 5000 plus</i>	53			<i>testosterone</i>	63

<i>testosterone cypionate</i>	63	<i>trifluoperazine hcl</i>	32	<i>valsartan-hydrochlorothiazide</i>	47
<i>testosterone enanthate</i>	63	<i>trifluridine</i>	76	VALTOCO 10 MG DOSE.....	18
<i>tetrabenazine</i>	51	<i>trihexyphenidyl hcl</i>	30	VALTOCO 15 MG DOSE.....	19
<i>tetracycline hcl</i>	17	TRIJARDY XR.....	39, 40	VALTOCO 20 MG DOSE.....	19
TEZSPIRE.....	81	TRIKAFTA.....	79	VALTOCO 5 MG DOSE.....	19
THALOMID.....	25	TRI-LEGEST FE.....	66	<i>vancomycin hcl</i>	13
<i>theophylline er</i>	80	TRI-LO-ESTARYLLA.....	66	VAQTA.....	73
<i>thioridazine hcl</i>	31	TRI-LO-SPRINTEC.....	66	<i>varenicline tartrate</i>	12
<i>thiothixene</i>	32	<i>trimethoprim</i>	13	VARIVAX.....	73
<i>tiagabine hcl</i>	18	<i>trimipramine maleate</i>	21	VARIZIG.....	73
TIBSOVO.....	29	TRINTELLIX.....	21	VECAMYL.....	47
TICOVAC.....	73	<i>tri-nymyo</i>	66	VELIVET.....	66
<i>tigecycline</i>	13	TRI-SPRINTEC.....	66	VELTASSA.....	58
<i>timolol maleate</i>	45, 77	TRIUMEQ.....	36	VEMLIDY.....	34
TIVICAY.....	34, 35	TRIUMEQ PD.....	36	VENCLEXTA.....	29
TIVICAY PD.....	35	TRIVORA (28).....	66	VENCLEXTA STARTING PACK.....	29
<i>tizanidine hcl</i>	33	<i>tri-vylibra</i>	66	<i>venlafaxine hcl</i>	21
TOBRADEX.....	75	TRIZIVIR.....	35	<i>venlafaxine hcl er</i>	21
<i>tobramycin</i>	76, 79	TROPHAMINE.....	58	VENTAVIS.....	80
<i>tobramycin sulfate</i>	12	<i>trospium chloride</i>	61	VENTOLIN HFA.....	79
<i>tobramycin-dexamethasone</i>	75	<i>trospium chloride er</i>	61	<i>verapamil hcl</i>	46
TOBREX.....	76	TRUDHESA.....	23	<i>verapamil hcl er</i>	46
<i>tolterodine tartrate</i>	61	TRULICITY.....	40	VERQUVO.....	47
<i>tolterodine tartrate er</i>	61	TRUMENBA.....	73	VERSACLOZ.....	33
<i>tolvaptan</i>	57	TRUSELTIQ (100MG DAILY DOSE).....	29	VERZENIO.....	29
<i>topiramate</i>	18	TRUSELTIQ (125MG DAILY DOSE).....	29	V-GO 20.....	41
<i>toremifene citrate</i>	25	TRUSELTIQ (50MG DAILY DOSE).....	29	V-GO 30.....	41
<i>torseamide</i>	47	TRUSELTIQ (75MG DAILY DOSE).....	29	V-GO 40.....	41
TOUJEO MAX SOLOSTAR.....	41	TUDORZA PRESSAIR.....	78	VICTOZA.....	40
TOUJEO SOLOSTAR.....	41	TUKYSA.....	26	<i>vigabatrin</i>	19
TOVIAZ.....	61	TURALIO.....	29	<i>vigadrone</i>	19
TRACLEER.....	80	TWINRIX.....	73	VIIBRYD STARTER PACK.....	21
TRADJENTA.....	39	TYBOST.....	36	VIJOICE.....	60
<i>tramadol hcl</i>	11	TYMLOS.....	74	<i>vilazodone hcl</i>	21
<i>tramadol hcl er</i>	10	TYPHIM VI.....	73	VIOKACE.....	60
<i>tramadol-acetaminophen</i>	11	TYVASO.....	80	VIRACEPT.....	36
<i>trandolapril</i>	44	TYVASO DPI MAINTENANCE KIT.....	80	VIREAD.....	36
<i>trandolapril-verapamil hcl er</i>	47	TYVASO DPI TITRATION KIT...	80	VITRAKVI.....	29
<i>tranexamic acid</i>	43	TYVASO REFILL.....	80	VIZIMPRO.....	29
<i>tranylcypromine sulfate</i>	20	TYVASO STARTER.....	80	VONJO.....	29
<i>travoprost (bak free)</i>	75	UBRELVY.....	23	<i>voriconazole</i>	23
<i>trazodone hcl</i>	21	UCERIS.....	74	VOTRIENT.....	29
TRECTOR.....	24	<i>unithroid</i>	67	VOXZOGO.....	74
TRELEGY ELLIPTA.....	81	UPTRAVI.....	80	VRAYLAR.....	33
<i>trelegy ellipta</i>	81	<i>ursodiol</i>	59	<i>vylibra</i>	66
TRELSTAR MIXJECT.....	68	<i>valacyclovir hcl</i>	34	VYNDAMAX.....	63
<i>tretinoin</i>	30, 53	VALCHLOR.....	25	VYNDAQEL.....	60
TREXALL.....	72	<i>valganciclovir hcl</i>	33	VYVANSE.....	50
<i>triamcinolone acetonide</i>	53, 55	<i>valproic acid</i>	18	<i>warfarin sodium</i>	42
<i>triamterene</i>	48	<i>valsartan</i>	44	WELIREG.....	26
<i>triamterene-hctz</i>	47			XALKORI.....	29
<i>triazolam</i>	81			XARELTO.....	42
TRIDERM.....	55			XARELTO STARTER PACK.....	42
<i>trientine hcl</i>	57			XATMEP.....	72
<i>tri-estarylla</i>	66				

XCOPRI.....	18	ZIRGAN.....	76
XCOPRI (250 MG DAILY DOSE).....	18	ZOLINZA.....	27
XCOPRI (350 MG DAILY DOSE).....	18	<i>zolmitriptan</i>	24
XELJANZ.....	69	<i>zolpidem tartrate</i>	82
XELJANZ XR.....	69, 72	<i>zolpidem tartrate er</i>	81
XERESE.....	55	ZONISADE.....	19
XERMELO.....	59	<i>zonisamide</i>	19
XGEVA.....	74	ZORBTIVE.....	63
XIFAXAN.....	13	ZOVIA 1/35 (28).....	66
XIGDUO XR.....	40	ZOVIA 1/35E (28).....	66
XIIDRA.....	77	ZTALMY.....	18
XOFLUZA (40 MG DOSE).....	37	ZYDELIG.....	29
XOFLUZA (80 MG DOSE).....	37	ZYKADIA.....	29
XOLAIR.....	70	ZYPREXA.....	33
XOSPATA.....	29	ZYPREXA RELPREVV.....	33
XPOVIO (100 MG ONCE WEEKLY).....	26		
XPOVIO (40 MG ONCE WEEKLY).....	26		
XPOVIO (40 MG TWICE WEEKLY).....	26		
XPOVIO (60 MG ONCE WEEKLY).....	26		
XPOVIO (60 MG TWICE WEEKLY).....	26		
XPOVIO (80 MG ONCE WEEKLY).....	26		
XPOVIO (80 MG TWICE WEEKLY).....	27		
XTANDI.....	25		
XULANE.....	66		
XULTOPHY.....	40		
XYREM.....	82		
XYWAV.....	82		
YF-VAX.....	73		
YUVAFEM.....	66		
<i>zafirlukast</i>	78		
<i>zaleplon</i>	81		
ZEJULA.....	29		
ZELBORAF.....	29		
ZEMAIRA.....	61		
ZENPEP.....	61		
ZEPATIER.....	34		
ZEPOSIA.....	52		
ZEPOSIA 7-DAY STARTER PACK.....	52		
ZEPOSIA STARTER KIT.....	52		
ZERBAXA.....	14		
<i>zidovudine</i>	36		
<i>zileuton er</i>	78		
ZIMHI.....	12		
<i>ziprasidone hcl</i>	33		
<i>ziprasidone mesylate</i>	33		

Notice of Nondiscrimination and Language Assistance Services

Priority Health complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Priority Health does not exclude people or treat them differently because of race, color, national origin, age, disability or sex. Federal law requires that we provide you with this Notice of Nondiscrimination and Language assistance services.

Free aids and services

Priority Health provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Priority Health provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Priority Health Medicare customer service by calling 1.888.389.6648 (TTY users call 711), 8 a.m. – 8 p.m., 7 days a week.

To file a civil rights grievance

If you believe that Priority Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Priority Health Compliance Department
Attention: Civil Rights Coordinator
1231 East Beltline Ave NE
Grand Rapids, MI 49525-4501
Toll free: 866.807.1931 (TTY users call 711) Fax: 616.975.8850
PH-compliance@priorityhealth.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Priority Health Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov or by mail or phone at:

U.S. Department of Health and Human Services 200 Independence Avenue, SW
Room 509F, HHH Building Washington, D.C. 20201

800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at [hhs.gov/ocr/office/file/index.html](https://ocrportal.hhs.gov/ocr/office/file/index.html).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.888.389.6648 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.888.389.6648 (رقم هاتف الصم والبكم: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.888.389.6648 (TTY : 711)。

ملاحظة: إذا كنت تتحدث اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.888.389.6648 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.888.389.6648 (TTY: 711).

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1.888.389.6648 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.888.389.6648 (TTY: 711)번으로 전화해 주십시오.

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮৮৮.৩৮৯.৬৬৪৮ (TTY: ৭১১)।

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.888.389.6648 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.888.389.6648 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1.888.389.6648 (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1.888.389.6648 (TTY:711) まで、お電話にてご連絡ください。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.888.389.6648 (телетайп: 711).

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1.888.389.6648 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.888.389.6648 (TTY: 711).



This formulary was approved on 11/22/2022. For more recent information or other questions, please contact Priority Health Medicare toll-free at 888.389.6648 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week, or visit prioritymedicare.com. The Formulary may change at any time. You will receive notice when necessary.

The pharmacy network and/or provider network may change at any time. You will receive notice when necessary. Priority Health Medicare's pharmacy network offers limited access to pharmacies with preferred cost sharing in Michigan. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including pharmacies with preferred cost sharing, please call 888.389.6648, TTY users should call 711, or consult the online pharmacy directory at prioritymedicare.com.

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